The New Health Reform Law: What Does it Mean for Women

Judy Waxman, Vice President of Health and Reproductive Rights;
Lisa Codispoti, Senior Counsel
National Women’s Law Center
April 8, 2010
Presentation Overview

- Challenges women face in the current health care system
- How the new health reform law will impact women
- Questions & Answers
3 Questions

1. How do you think the new health reform law will impact you?
   a. It will mostly help others but not me at all.
   b. It will mostly help others, but help me only a little bit.
   c. It will help others- and me.
   d. Way too soon to know....
3 Questions (cont)

2. How much do you know about the new health reform law?
   a. Not very much at all
   b. A little bit – but need to know much more
   c. Somewhat – but still have a lot of questions
   d. A good amount
3 Questions (cont)

3. Are you hoping this webinar:
   a. Will explain what the new health reform law means for women
   b. How the new health reform law will impact you personally
   c. All of the above
How Do Women Currently Get Their Health Coverage?

Women’s Health Insurance Coverage (18-64), 2008

- Employer-Sponsored: 64%
- Uninsured: 18%
- Public: 16%
- Individual Market: 7%

Source: U.S. Census Bureau, Current Population Survey’s 2009 Annual and Social Economic Supplement
Challenges Women Face in our Current Health Care System

• On average, women have greater health care needs than men
• It is difficult for women to find and keep affordable, comprehensive health insurance
• Women face harmful, discriminatory insurance industry practices
• Women have greater affordability challenges accessing health care as compared to men
• Health care services women need are often inadequately covered by insurance
The new “health reform law”

2 parts:

• Patient Protection and Affordable Care Act
• The Health Care & Education Affordability Reconciliation Act (immediate improvements to PPACA)
Changes do not happen overnight

Different provisions take effect at different times- and in some cases, apply to certain types of plans and not others.

- Different types of plans
  - Grandfathered plans versus “new” plans
  - Employer Plans (large versus small, fully versus self-insured)

- Different provisions are phased in: Some pieces take effect this year, others not until 2014 or even later
What are some of the changes in health reform that will impact women?

- Holding Insurers Accountable: Insurance Reforms
- “Exchanges” - new places to buy insurance
- Affordability: Subsidized Health Insurance
- Ensuring Comprehensive Benefits
- Banning Sex Discrimination in Health Care
Insurance Market Reforms

- No pre-existing condition exclusions
  - Kids (2010)
  - Adults (2014)
- No lifetime (2010) or annual benefit caps (2014)
- Young adults can stay on parent’s plan to age 26 (2010)
- Guaranteed Issue + explicit prohibition on denying coverage to survivors of domestic violence (2014)
- Premiums: (individuals, small groups - by 2014)
  - Can NOT vary based on
    - Gender
    - health status
  - Can vary based on
    - Age (limit: 3:1)
    - Smoking (limit: 1.5:1)
    - Geography
Exchanges: A New Place to Shop for Insurance

• Strengthening & expanding employer coverage will help many women, but other options are needed for:
  • Part-timers
  • Self-employed
  • Women who lose employer coverage due to life change
  • Unemployed

• Health Insurance “Exchanges” (est in 2014)
  • Plans will offer standard, comprehensive benefits
  • Simplified plan options – differ based on cost sharing
Affordability

Medicaid Expansion & Improvements

• Expanded to low-income uninsured to 133% FPL (~$21,000 family of 3) (by 2014)
• States can expand Medicaid coverage for Family Planning Services (immed)
• Medicaid reimbursement improved for Primary Care Providers (2013 & 2014)
• Will cover Freestanding birth centers (immed)
• Will cover smoking cessation for pregnant women (immed)
Affordability (cont)

Insurance Plans in Exchanges

- Sliding-scale subsidies up to 400% FPL (about $88,000 for a family of 4) (2014)
  - premiums (as percent of income)
  - out-of-pocket costs
- Annual caps on out-of-pocket health spending (sliding scale) (2014)

Close the Medicare prescription drug coverage gap aka: “donut hole” (begins 2010)
Comprehensive Benefits

- **Minimum Covered Benefits**: Plans for individuals and small business required to cover broad categories of services (i.e.: inpatient, maternity, prescription drugs and mental health services) (2014)
  - details to be set by the Secretary of HHS
  - but see abortion…

- **Preventive Care**: Eliminate cost-sharing for services recommended by the USPSTF, so copayments and deductibles are not a barrier to care- (9/2010)
  - Sen. Mikulski Women’s Health Amendment - HRSA to develop recommendations for women’s preventive health services.
Abortion

• Only service that is singled out
• Cannot be required in the benefit package
• BUT plans can choose to cover:
  – None
  – Some (Hyde exceptions)
  – All
• One plan must not cover abortion
• Plans must not discriminate
If a plan covers abortion (beyond Hyde Exceptions)

• No federal funds can be used for abortion services
• Enrollees make two separate payments
• Payments must be segregated into separate accounts
• State insurance commissioners ensure compliance
Non-Discrimination

“Except as otherwise provided for in this title”

- **Applies to:** Insurance companies, programs that receive federal funds
- **Based on:** Race, national origin, disability, age, and sex
- **Enforcement:**
  - HHS (regulations?)
  - Administrative complaint
  - Right to sue
Other Provisions of Note

• Individuals required to have insurance unless unaffordable or hardship (2014)

• Employers not required to offer insurance, but:
  – Large employers (over 50 employees) must pay a fee if their employees obtain subsidized insurance through exchanges (2014)
Additional Provisions of Importance to Women Include…

• **New Temporary High Risk Pools** - for uninsured individuals with pre-existing conditions (90 days)
• **Tax credits for small employers** to help provide coverage (available 2010)
• **New Voluntary Long-Term Care Insurance Program** “CLASS” (2012)
• Larger employers (over 50 employees) required to provide **reasonable break time and place for nursing mothers to express breast milk** (immed)
• **Direct access to OB/GYN** (no referral necessary) (9/2010)
What Happens Now?

Implementation – getting all the details set

• Federal agencies
• States

But many pieces are already taking effect or will take effect this year…
What happens this year (2010)?

- High Risk Pools established for uninsured with pre-existing conditions
- No pre-existing condition exclusions for kids (under 19)
- Those up to age 26 can stay on their parent’s health plan*
- No lifetime dollar caps in insurance*, annual caps only as specified by the Secretary of HHS*
- Direct access to OB/Gyn (no referral necessary)
- Insurance companies must spend a minimum amount of premiums on health care
- Insurance plans must provide certain no-cost preventive services
- Medicare prescription drug “donut hole” rebate of $250
- Small businesses can claim tax credits

*applies to all insurance plans
Additional Resources on Women and Health Reform…

Visit our website www.nwlc.org/reformmatters to stay informed & take action!

Check out our new fact sheets, including:
• Women and Health Reform At a Glance
• State-by-state fact sheets on women and health reform
  • more to come!

Contact us at reformmatters@nwlc.org with questions or for technical assistance.
Questions & Answers
Survey Question

After this webinar, I feel that my knowledge of the new health reform law:

• Improved by about 25%
• Improved by about half
• Improved by about 75%
• I don’t feel I learned very much new at all
THANK YOU!

Judy Waxman and Lisa Codispoti
National Women’s Law Center