



What Women Need to Know about Health Reform: Access to High-Quality Maternity Care

June 2010

Approximately 85% of all women in the United States have given birth by age 44,¹ and maternity care is one of the most common types of medical care that women of reproductive age receive. Yet there are many gaps in the current maternity care system. It can be exceedingly difficult—and sometimes impossible—for women to find insurance that covers maternity care in the individual health insurance market.² Women who have maternity coverage often do not have access to the full range of birth options and providers. And many women do not receive the supportive services they need as part of maternity care, including nonmedical support throughout pregnancy and postpartum support.

Fortunately, the comprehensive health care reform that President Obama signed into law includes many provisions that facilitate women's access to high-quality maternity care, increase support for a range of maternity care providers, and establish innovative programs to support new mothers and their families.

Health Reform Expands Access to Maternity Care

- “Maternity and newborn care” are among the categories of health services that must be covered as “essential health benefits” in all new health plans sold to individuals and small groups (i.e., businesses with up to 100 employees) starting in 2014.
- Health reform prohibits health plans from denying coverage for “pre-existing conditions.” Currently, a woman's application can be rejected, or the pregnancy-related care she needs can be excluded, because of pregnancy or a condition relating to pregnancy (e.g., if she has previously had a Cesarean section).³ Starting in 2014, these discriminatory practices are banned for all plans except existing individual health plans.⁴

Health Reform Ensures that Preventive Care Needed During Pregnancy Is Covered at No Cost

- To ensure that copayments and deductibles are no longer a barrier to preventive care, beginning in September 2010 all new health plans are required to cover, at no cost, the preventive services and screenings recommended by the US Preventive Services Task Force (USPSTF).
 - Maternity-specific USPSTF recommendations include Rh (D) blood typing and antibody testing for pregnant women, folic acid supplementation, pregnancy-tailored counseling for smoking cessation, and interventions during pregnancy and after birth to promote and support breastfeeding.
- New health plans are also required to cover and eliminate cost-sharing for key preventive health services for women, to be defined by a designated federal agency.⁵

Health Reform Requires Medicaid to Cover Smoking Cessation Services for Pregnant Enrollees

- Starting in October 2010, state Medicaid programs must cover smoking cessation services (both counseling and pharmacotherapy) for pregnant enrollees. Smoking during pregnancy can harm the health of both a woman and her developing fetus.⁶

Health Reform Increases Access to a Range of Maternity Care Providers

- Medicaid is required to cover the services provided by freestanding birth centers. Effective upon enactment, this provision benefits the sustainability of existing birth centers and the development of new centers in under-served communities.⁷
- As of January 2011, Medicare will reimburse Certified Nurse-Midwives (CNMs) at the same rate as physicians for providing equal services (currently, CNMs receive only 65% of what Medicare pays physicians for providing the same service).
 - Though this provision applies only to the Medicare program (which covers some childbearing-aged women with permanent disabilities), other health insurers often follow Medicare's lead. Thus, it is expected that the provision will encourage Medicaid plans and private health plans to adopt equitable reimbursement policies for midwifery services.⁸
- Starting in September 2010, all new health plans must give women "direct access" to obstetrical and gynecological care. In other words, the plans are prohibited from requiring authorization or prior approval (such as a referral) when enrollees seek this type of health care.⁹

Health Reform Increases Support for New Mothers and Families, Both During and After Pregnancy

- Federal grants are available beginning in FY 2010 for states to develop and implement evidence-based "Maternal, Infant, and Early Childhood Visitation" programs, which provide in-home services to support pregnant women and new families. Among other goals, these programs aim to improve maternal and child health.
- Also beginning in FY 2010, federal funding is available to state and local governments, community-based organizations, and other eligible entities to provide education, treatment, and support services to women with postpartum depression and their families. Funding is also available for research into the causes of postpartum depression and psychosis.

For more information on women and the health reform law, visit the National Women's Law Center website: www.nwlc.org/reformmatters

¹ Centers for Disease Control, *Recommendations to Improve Preconception Health and Health Care—United States* (2006), Morbidity and Mortality Weekly Report, Vol.55 No.RR-6, <http://www.cdc.gov/mmwr/pdf/rr/rr5506.pdf>

² Brigitte Courtot and Julia Kaye, National Women's Law Center, *Still Nowhere to Turn: Insurance Companies Treat Women Like a Pre-Existing Condition* (Oct. 2009), <http://www.nwlc.org/pdf/stillnowheretoturn.pdf>

³ Denise Grady, *After Caesareans, Some See Higher Insurance Cost*, New York Times (June 1, 2008) http://www.nytimes.com/2008/06/01/health/01insure.html?pagewanted=1&_r=2

⁴ For children, the prohibition on pre-existing condition exclusions begins in September 2010.

⁵ The date on which this provision will come into effect will depend largely on when Health Resources and Services Administration (HRSA) issues guidelines on key preventive care and screenings for women.

⁶ March of Dimes, *Smoking and Pregnancy* (Quick Reference Fact Sheet), http://www.marchofdimes.com/professionals/14332_1171.asp

⁷ American Association of Birth Centers, *Breaking News Bulletin: Guaranteed Medicaid Payment for Birth Centers Signed Into Law by President Obama*, <http://www.birthcenters.org/news/breaking-news/?id=91> (Last accessed on May 17, 2010).

⁸ American College of Nurse-Midwives, *Landmark Health Reform Law to Improve Access to Midwifery, Benefit Women's Health* (March 23, 2010 Press Release), <http://www.midwife.org/siteFiles/news/HR3590.pdf>

⁹ Thirty-six states and DC already have direct access laws that managed care companies and group health plans must comply with. However, the new health reform law is broader in scope, since it requires all new health plans (i.e. for individuals and groups of all sizes, including self-insured health plans) to comply. The Kaiser Family Foundation provides a list of existing direct access laws at: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=493&cat=10>