



## What Women Need to Know about Health Reform: Improving Access to Affordable Preventive Care

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Making preventive care more affordable is critical for women, who use more preventive care than men on average<sup>1</sup> but are also more likely than men to forgo key preventive services, such as a cancer screening or dental exam, due to cost.<sup>2</sup> Studies have shown that even moderate co-pays for preventive services such as mammograms or pap smears deter patients from receiving the service.<sup>3</sup>

The health reform law recently signed by President Obama includes many provisions of particular importance to women. Specifically, health reform helps women stay healthy by expanding insurance coverage for preventive care, including key preventive services for women, and eliminating cost-sharing for those critical services. Health reform does not in any way restrict insurance companies from covering additional preventive services beyond those that they are required to cover with no cost-sharing.

### Health Reform Requires New Health Plans to Cover Key Preventive Services for Women—with No Cost-Sharing

- Health reform establishes a package of “essential health benefits”—categories of basic health care services—which all new health insurance plans sold to individuals and small businesses are required to cover (beginning in 2014). “Preventive and wellness services” is one of the categories insurers are required to cover.
- In addition, to ensure that cost-sharing is no longer a barrier to preventive care, health reform requires new health plans to eliminate cost-sharing for preventive services and screenings recommended by the US Preventive Services Task Force (USPSTF), as well as recommended immunizations and preventive services for children (beginning in September 2010).
- New health plans are also be required to cover and eliminate cost-sharing for key preventive health services for women, to be defined by a designated federal agency.

### Health Reform Eliminates Cost-Sharing for Preventive Services under Medicare

- Health reform eliminates cost-sharing under Medicare for preventive services and screenings recommended by the USPSTF, as well as colorectal cancer screening tests and a one-time “Welcome to Medicare” physical exam (beginning January 1, 2011).
- In addition to the one-time welcome exam, health reform entitles Medicare beneficiaries to an annual wellness visit, including the development of a personalized prevention plan.
- Eliminating cost-sharing for preventive services and screenings helps low-income senior women access the services they need to stay healthy. A 2008 study found that even relatively small co-payments for mammographies were associated with a significant reduction in the number of Medicare beneficiaries receiving the screenings.<sup>4</sup>

## Health Reform Improves Medicaid Coverage of Preventive Services

- Health reform requires states to cover tobacco cessation services for pregnant women on Medicaid (beginning October 1, 2010).
- Health reform also increases federal funding to states that provide Medicaid coverage of additional preventive services, screenings, and immunizations with no cost-sharing (beginning January 1, 2013).

## Health Reform Does Not Restrict Coverage for Breast Cancer Screenings (or Any Other Preventive Health Service)

During the debate around health reform, the USPSTF issued updated recommendations for breast cancer screening mammographies that created some confusion and controversy. An amendment was adopted to the health reform bill to maintain the status quo.

- Since 2002, the USPSTF had recommended regular breast cancer screening mammographies for women ages 40 and older. However, in November 2009, the Task Force revised those guidelines to recommend that only women ages 50 and older undergo regular screenings (unless they are specifically at risk).<sup>5</sup>
- A provision in the health reform law turns the clock back on the USPSTF breast cancer screening guidelines. It mandates that any requirement in the law relating to USPSTF recommendations treat the 2002 guidelines as the most up-to-date recommendations on this issue until the Task Force releases any new recommendations on breast cancer screenings. Thus the provision prohibiting cost-sharing for screening mammographies applies to women ages 40 and over, as per the USPSTF's 2002 guidelines.
- Health reform does not in any way restrict insurers from covering preventive services that are not recommended by the USPSTF. For example, insurers can still choose to cover a colonoscopy for a 30-year-old woman at risk, even though the USPSTF guidelines only recommend regular colonoscopies for people ages 50-75.

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

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<sup>1</sup> U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, "Utilization of Ambulatory Medical Care by Women: United States, 1997-98," *Vital and Health Statistics*, Series 13, Number 149 (Hyattsville, Maryland: U.S. Department of Health and Human Services, July 2001); Asch et al., Who is At Greatest Risk for Receiving Poor-Quality Health Care?, *The New England Journal of Medicine* 354, no.11 (March 16, 2006) 1147-56.

<sup>2</sup> Sheila D. Rustgi, Michelle M. Doty, and Sara R. Collins, The Commonwealth Fund, *Women at Risk: Why Many Women are Forgoing Needed Health Care* (2009), <http://www.commonwealthfund.org/Content/Publications/Issue-Briefs/2009/May/Women-at-Risk.aspx>.

<sup>3</sup> Solanki G and Schaffler HH, *Cost-sharing and the utilization of clinical preventive services*, *Am J Prev Med* 17, no.2 (Aug 1999) 127-133; Trivedi et al., *Effect of Cost Sharing on Screening Mammography in Medicare Health Plans*, *New England Journal of Medicine* 358, no.4, 375-383 (January 2008).

<sup>4</sup> Trivedi et al., *Ibid.*

<sup>5</sup> Agency for Health Care Research and Quality, United States Preventive Services Task Force, "Breast Cancer Screening" (November 2009; updated December 2009), available at <http://www.ahrq.gov/clinic/USpstf/uspsbrca.htm>.