
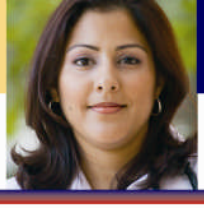

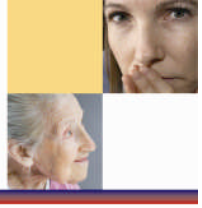

What Women Need to Know about Health Reform: Access to Reproductive Health Services

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Reproductive health care is basic health care for women. Yet many women lack access to the health care services, information, and social supports they need to stay healthy and to make healthy decisions for themselves and their families.

The health reform law recently signed by President Obama includes many provisions of particular importance to women. These provisions have a direct impact on women's reproductive health, and largely for the good—by improving access to health insurance coverage for maternity care and family planning services, making it easier for states to expand Medicaid coverage of family planning, investing in comprehensive sex education, and more.

However, the new health reform law also restores funding for harmful and discriminatory abstinence-only-until-marriage programs and includes unnecessary restrictions on coverage for abortion care, a key component of reproductive health care for women.

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), as well as all plans participating in the new Health Insurance Exchanges—new, easy-to-use insurance shopping centers—starting in 2014.
  - This new requirement is critical, as it is currently very difficult—and sometimes impossible—for women to find coverage for maternity care in the individual health insurance market.[1]
- 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).[2] Starting in 2014, these discriminatory practices are banned for all plans except existing individual health plans.[3]
- Health reform increases access to a range of maternity care providers by requiring Medicaid coverage for services provided by freestanding birth centers (effective immediately) and increasing Medicare reimbursement for Certified Nurse-Midwives (beginning in January 2011).[4] The law also requires all new health plans to give women "direct access" to obstetrical and gynecological care (beginning in September 2010)—in other words, it prohibits plans from requiring authorization or prior approval when enrollees seek this type of health care.

Health Reform Expands Access to Family Planning

- Millions of women will gain access to family planning services and supplies through the expansion of Medicaid, the joint federal and state-funded health insurance program for low-income people. Health reform extends Medicaid eligibility to everyone with incomes at or below 133% of the federal poverty level (FPL), making up to 4.5 million uninsured

women newly eligible for the program—which provides coverage for family planning and many other key women's health services (beginning in 2014).[5]

- This is in part because health reform restores a long-standing requirement, lost during the Bush Administration, that insurance plans offered through the Medicaid program include coverage of family planning services and supplies, including plans that states make available to women made newly eligible by health reform.

- In addition, all health plans sold to individuals and small businesses, as well as all plans participating in the Exchange, will likely be required to cover family planning services and supplies (beginning in 2014).
  - While the details of the "essential health benefits" package are yet to be determined, the law makes clear that the package is intended to be comparable to the coverage available in most employer-sponsored health plans. A 2002 survey found that the overwhelming majority of "typical" employer health plans provide coverage for contraception,[6] and Title VII of the Civil Rights Act requires all employers with fifteen or more employees to cover contraceptives in their employee benefit plans if it covers other prescription drugs.[7]
  - It is therefore reasonable to expect, and women's health advocates are working to ensure, that family planning services—which are basic preventive health care for women—are included as a required health service.

- Health reform extends the definition of "dependent" to individuals up to age 26, making thousands of uninsured young adults newly eligible for health insurance coverage through a parent or caretaker's plan (beginning in September 2010).[*] Because most health plans currently provide contraceptive coverage,[8] this expansion creates important new family planning options for young adults.

- Health reform also requires all new health plans to cover and eliminate cost-sharing for preventive services and screenings recommended by the US Preventive Services Taskforce (USPSTF) as well as a set of key preventive health services for women, to be defined by a designated federal agency (beginning in September 2010).
  - Women's health advocates, in keeping with Congress' intent, are working to ensure that family planning is recognized on this list as a key preventive service for women. Access to contraception is critical to preventing unintended pregnancies and to enabling women to control the timing and spacing of their pregnancies, which in turn reduces the incidence of maternal death, low birth weight babies, and infant mortality.[9]

Health Reform Also Makes It Easier for States to Expand and Maintain Medicaid Coverage for Family Planning

- Twenty-seven states have taken an important step towards improving women's health by obtaining a federal waiver to expand access to family planning services under the state's Medicaid program.[10]

- Unfortunately, creating a Medicaid family planning expansion has first required the federal government to approve a waiver of certain federal laws, a process that has in the past posed significant bureaucratic hurdles.

- Health reform includes a provision known as "the Medicaid Family Planning State Option." This provision, which came into effect immediately, gives states the flexibility

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hey need to adopt a Medicaid family planning expansion or improve their current program, without first having to obtain a federal waiver to do so.

- This common-sense measure helps states expand access to health care *and* save millions of dollars that they can then put towards other pressing needs.
    - Indeed, a 2003 study of six family planning expansions, funded by the Centers for Medicare and Medicaid Services (CMS), found that the programs expanded access to care and improved the availability of services—and that states as diverse as Arkansas, South Carolina, Alabama, and Oregon each saved at least $15 million a year as a result of their family planning expansions.[11]

Health Reform Treats Abortion Differently from all other Services and Places Unnecessary Requirements on Individuals and Health Care Plans

- Health reform treats abortion care—a key component of reproductive health care for women—differently than all other health care services. Abortion is prohibited from being a required benefit for plans in the Exchanges and health care plans will determine whether or not to cover abortion. Health care plans cannot use federal funds for abortion services beyond those permitted under the Hyde Amendment (in cases of life endangerment, rape, and incest) and plans that include coverage for such services will be required to follow certain requirements to segregate private funds.
- Individuals enrolled in a health care plan offered through an Exchange that includes coverage of abortion will be required to make two separate payments for their health insurance – one for abortion coverage and another for the remainder of the premium.
- There must be at least one multistate plan (i.e. a plan sold in more than one state) offered through each Exchange that does not cover abortion services beyond those permitted under the Hyde Amendment.
- Women's health advocates are working to mitigate any potential problems stemming from these requirements and encourage plans to continue to cover this basic women's health service.

Health Reform Makes an Important Investment in Comprehensive Sex Education—But Also Restores Funding for Harmful and Discriminatory Abstinence-Only-Until-Marriage Programs

- Health reform provides $75 million/year for 5 years in grants to states to invest in "personal responsibility education programs." The programs, which must be evidence-based, medically accurate, and age-appropriate, will educate adolescents about both contraception and abstinence for the prevention of pregnancy and STIs, including HIV. Funded programs must also contain at least three adulthood preparation subjects such as healthy relationships and educational and career success.
- Unfortunately, the law also restores $50 million/year for 5 years in grants to states for abstinence-only programs through Title V. Congress had allowed the Title V abstinence-only program to lapse when it expired in June 2009. Abstinence-only education programs put adolescents' health and lives in jeopardy because they fail to include vital information on contraception and the avoidance of sexually-transmitted infections and often promote harmful stereotypes about gender and relationships.[12]

Health Reform Provides Supports for Pregnant and Parenting Teens and Women

- In addition, health reform sets aside $25 million/year for ten years for a new "Pregnancy Assistance Fund", used to award grants (beginning in FY 2010) to states to assist pregnant and parenting teens and college students, as well as pregnant women who are victims of violence.
- States can apply for grants to, among other things, establish, maintain, or operate services for pregnant and parenting high school and college students, including identifying and connecting pregnant and parenting students with needed services in their community (e.g. healthcare, housing, child care). Grants may also be used to provide services to pregnant women who are victims of violence; and to conduct outreach to pregnant teens and women about the availability of these supports.
- Women's health advocates are working to ensure that pregnant women utilizing these services have access to the full range of information they need to make healthy and responsible decisions for themselves and their families.
- In addition, nursing mothers and their infants gain from a new requirement under health reform that employers provide a reasonable break time and location to express breast milk (effective immediately).

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

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[1] Brigette 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.
[2] 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
[3] For children, the prohibition on pre-existing condition exclusions begins in September 2010.
[4] 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).
[5] National Women's Law Center calculations based on health insurance data for women ages 18-64 from the Current Population Survey's 2008 Annual Social and Economic Supplement, using CPS Table Creator, http://www.census.gov/hhes/www/cpstc/cps_table_creator.html.
[6] Adam Sonfield et al., The Guttmacher Institute, "U.S. Insurance Coverage of Contraceptives and the Impact of Contraceptive Coverage Mandates, 2002, http://www.guttmacher.org/pubs/psrh/full/3607204.pdf.
[7] 42 U.S.C. § 2000e(k); U.S. Equal Employment Opportunity Commission, Commission Decision (Dec. 14, 2000), http://www.eeoc.gov/docs/decision-contraception.html.
[8] Sonfield et al., *supra* note 6.
[9] Conde-Agudelo, Agustin et al. 2006. Birth Spacing and Risk of Adverse Perinatal Outcomes, A Meta-Analysis, *Journal of American Medical Association* 295:1809-1823; Stamilio, David M. et al. 2007. Short Interpregnancy Interval: Risk of Uterine Rupture and Complications of Vaginal Birth After Cesarean Delivery, *Obstetrics and Gynecology* 110(5):1075-1082.
[10] These states are AL, AZ, AR, CA, DE, FL, IA, IL, LA, MD, MI, MN, MS, MO, NM, NY, NC, OK, OR, PA, RI, SC, TX, VA, WA, WI, WY. The Guttmacher Institute, *State Policies in Brief: State Medicaid Family Planning Eligibility Expansions* (May 2010), http://www.guttmacher.org/statecenter/spibs/spib_SMFPE.pdf. In addition, a waiver application from Indiana is currently pending. Centers for Medicare and Medicaid Services, *Medicaid Waivers and Demonstrations List: Details for Indiana Family Planning 1115 Demonstration*, http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/MWDL/list.asp?filtertype=dual&datefilterinterval=&filtertype=data&datafiltertype=2&datafiltervalue=Indiana&keyword=&intNumPerPage=10&cmdFilterList=Show%2bItems (accessed May 26, 2010).
[11] Edwards, J, Bronstein, J and Adams, K. Evaluation of Medicaid Family Planning Demonstrations (Alexandria, V.A.: the CNA Corporation, Nov. 2003), cited in Frost, Jennifer J., Sonfield, Adam, and Gold, Rachel Benson. Estimating the Impact of Expanding Medicaid Eligibility for Family Planning Services, Occasional Report 28, 10 (Washington, D.C.: The Guttmacher Institute, Aug. 2006), http://www.guttmacher.org/pubs/2006/08/16/or28.pdf.
[12] Staff of the House Comm. on Government Reform, Special Investigations Division, 108th Cong., *Report on the Content of Federally Funded Abstinence-Only Education Programs*. (2004).