



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

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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

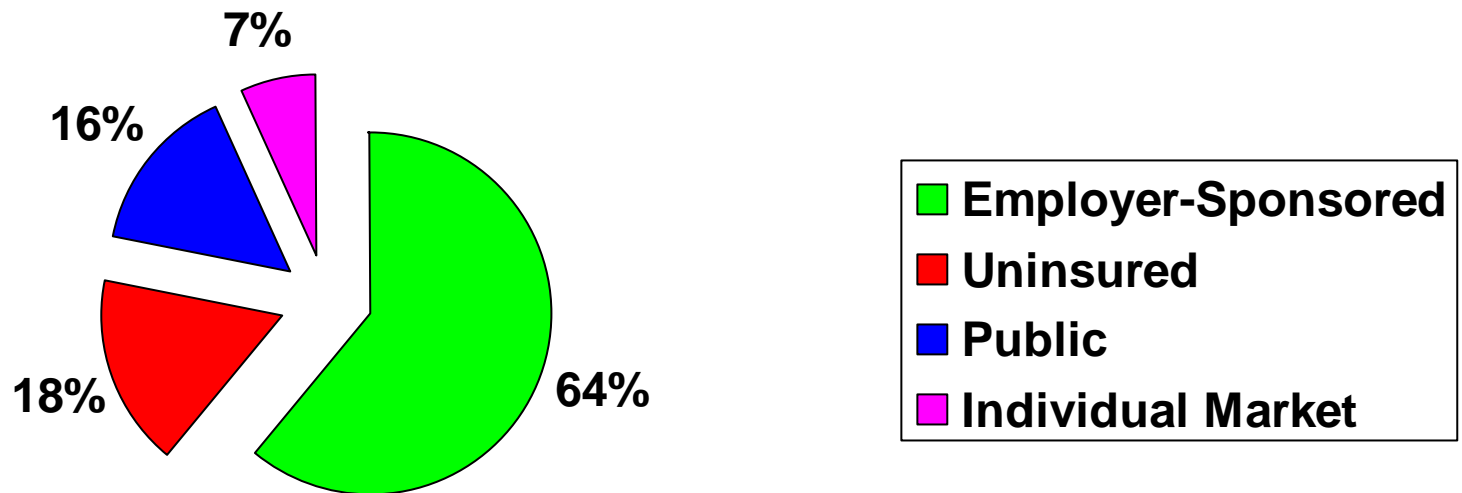


3 Questions (cont)

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





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 (ie: 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
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