

**ENSURING WOMEN HAVE  
COVERAGE OF THE HEALTH  
CARE THEY NEED:  
*FINDING AND RESPONDING TO  
HEALTH PLAN VIOLATIONS OF  
THE AFFORDABLE CARE ACT***

National  
Women's Law  
Center

June 2015



# WHAT WE WILL COVER TODAY

- How the ACA improved health insurance coverage for women.
- NWLC's "State of Coverage" Reports
  - How we found coverage violations
  - The violations we found
- Federal & State Advocacy Successes
- Q&A

# THE ACA'S INSURANCE REFORMS AND WOMEN'S HEALTH COVERAGE

Before the ACA, insurance companies in the individual market could:

- Deny coverage based on pre-existing conditions – including many conditions specific to women
- Gender rate and experience rate
- Fail to cover key services such as maternity care or prescription drugs

# THE ACA'S INSURANCE REFORMS AND WOMEN'S HEALTH COVERAGE

Now, health insurance companies must:

- Sell coverage to all applicants
- Vary premiums by limited rating factors – geography, age, family size, smoking
- Cover all Essential Health Benefits (EHB), including maternity, prescription drugs, and preventive services (and no cost-sharing for prevention!)
- Abide by rules that prohibit discrimination on race, color, national origin, sex, sex stereotypes, gender identity, age or disability

# TO BE A LITTLE MORE SPECIFIC ...

Federal regulations and guidance spell out the law's coverage requirements in greater detail:

- Federal guidance specifies that coverage of breastfeeding supports and supplies must extend for the duration of breastfeeding
- Plans must cover all FDA-approved birth control methods
- Plans must design their EHB coverage to be substantially equal to a state benchmark, and cannot use discriminatory benefit designs

# NWLC'S ANALYSIS

- Analyzed more than 120 issuers across 15 states
- 2014 and 2015 plan years
- Examined maternity care, preventive services, other essential health benefits, abortion and discrimination
- Compared language in plan documents – “contracts of coverage” or “evidence of coverage” to ACA statute, regulations and guidance
- Focused on violations of the law
- For birth control and breastfeeding reports, included experiences of women who contact our hotlines

# COVERHER HOTLINE

- What we do
- Resources we provide
- How we use the stories we hear for advocacy

## COVERHER

The health care you need. The coverage you deserve.

NATIONAL WOMEN'S LAW CENTER

[CoverHer.org](https://CoverHer.org)



If you're still paying out-of-pocket for your birth control and other health care, we can help.

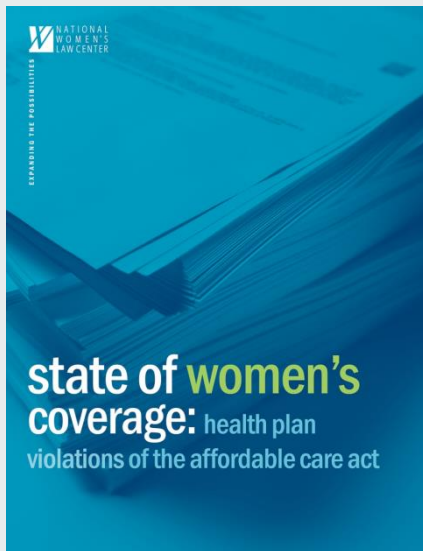
Call Us At  
1-866-745-5487

Email Us

Get  
Started  
On Your Own

# STATE OF COVERAGE REPORT SERIES

- Report on violations of services important to women
- Report on birth control coverage violations
- Report on breastfeeding support and supplies coverage violations



[www.nwlc.org/stateofcoverage](http://www.nwlc.org/stateofcoverage)



# VIOLATIONS FOUND

- **Specific services required by the ACA not covered for all enrollees**
  - Some issuers do not cover required services for any enrollees:
    - Breast pumps excluded from coverage
    - Many issuers fail to cover the full range of FDA approved methods of birth control
  - Some services are not covered by some issuers for specific categories of enrollees:
    - Dependents excluded from maternity coverage
    - Various age restrictions on services including maternity coverage, contraceptive coverage and fertility treatment
- **Cost sharing on all or some preventive services**
  - All women's preventive services
  - Preventive services after 3 office visits that are covered pre-deductible in catastrophic plan
  - Some birth control methods
  - All brand name oral contraceptives
- **Exclusions prevent plan from meeting the state's Essential Health Benefits**
  - Exclusion of self-injectable medications means plans cannot meet formulary requirements
  - Exclusion of maintenance therapies in a state that does not allow EHB substitution
- **Unallowable limits on required services**
  - Improper limits on the time period when a woman can receive breast pump or lactation counseling
  - Limiting the number of lactation counseling visits
  - Limiting the number of well woman visits
- **Discriminatory benefit designs**
  - Limitations or exclusions on maternity coverage, including the dependent exclusion
  - Age limits for certain services
  - Excluding coverage of chronic pain treatment
  - Excluding care for transgender people

# ADVOCACY STRATEGIES

- Letter directly to the insurance companies
  - Outline violations
  - Follow up calls with each plan on the violation(s)
  - Sometimes also send a copy of the letter to insurance regulator
- Letter directly to the insurance regulator
  - Insurance regulator follows up with the plans
  - Communication between advocates, plans, and regulator to clarify language
- Advocacy with insurance regulator
  - Publicize certification process, public comment period
  - Bulletin to clarify scope of coverage
- Press
  - Consider a press strategy

# SUCCESSFUL STATE ADVOCACY

## ■ Ohio

- Removed dependent maternity coverage exclusion (Buckeye Community Health Plan)

## ■ Nevada

- Removed cost-sharing for women's preventive services (HMO Nevada/Anthem Blue Cross)
- Removed "medically appropriate" limitation on contraception (St. Mary's)
- Removed re-sterilization exclusion (UnitedHealthcare clarified it covers re-sterilization, Nevada Health Co-Op removed the exclusion)

## ■ Colorado

- Removed breast pump exclusion language (New Health Ventures)

## ■ Connecticut

- Removed cost-sharing on sterilization services and removed limit on emergency contraception (HealthyCT)
- Department of Insurance Bulletin on Health Coverage of Preventive Services
  - Clarifies scope of contraceptive coverage
  - Reiterates that prenatal care can be part of well-woman visit and is not subject to cost-sharing

# SUCCESSFUL FEDERAL ADVOCACY





















## Guidance on Preventive Services – May 11, 2015

- Plans must cover at least one form of birth control in each of the FDA methods approved for women (currently 18), including the ring, the patch and IUDs
- Plans must cover preventive screening, genetic counseling, and BRCA genetic testing, as long as the woman had not been diagnosed with BRCA-related cancer
- Plans cannot limit cannot limit preventive services based on an individual's sex assigned at birth, gender identity or recorded gender
- Dependent children are entitled to preventive services, including preconception and prenatal care
- No cost-sharing on anesthesia used with preventive colonoscopies

Most Effective



Least Effective

Methods	Number of pregnancies expected per 100 women*	Use	Some Risks
 Sterilization Surgery for Women	less than 1	One-time procedure Permanent	<ul style="list-style-type: none"> <li>Pain</li> <li>Bleeding</li> <li>Infection or other complications after surgery</li> <li>Ectopic (tubal) pregnancy</li> </ul>
 Surgical Sterilization Implant for Women	less than 1	One-time procedure Waiting period before it works Permanent	<ul style="list-style-type: none"> <li>Mild to moderate pain after insertion</li> <li>Ectopic (tubal) pregnancy</li> </ul>
 Sterilization Surgery for Men	less than 1	One-time procedure Waiting period before it works Permanent	<ul style="list-style-type: none"> <li>Pain</li> <li>Bleeding</li> <li>Infection</li> </ul>
 Implantable Rod	less than 1	Inserted by a healthcare provider Lasts up to 3 years	<ul style="list-style-type: none"> <li>Changes in bleeding patterns</li> <li>Weight gain</li> <li>Breast and abdominal pain</li> </ul>
 IUD Copper	less than 1	Inserted by a healthcare provider Lasts up to 10 years	<ul style="list-style-type: none"> <li>Cramps</li> <li>Bleeding</li> <li>Pelvic inflammatory disease</li> <li>Infertility</li> <li>Tear or hole in the uterus</li> </ul>
 IUD w/ Progestin	less than 1	Inserted by a healthcare provider Lasts up to 3-6 years, depending on the type	<ul style="list-style-type: none"> <li>Irregular bleeding</li> <li>No periods</li> <li>Abdominal/pelvic pain</li> <li>Ovarian cysts</li> </ul>
 Shot/Injection	6	Need a shot every 3 months	<ul style="list-style-type: none"> <li>Spotting</li> <li>Bleeding between periods</li> <li>Weight gain</li> <li>Nervousness</li> <li>Abdominal discomfort</li> <li>Headaches</li> </ul>
 Oral Contraceptives (Combined Pill) "The Pill"	9	Must swallow a pill every day	<ul style="list-style-type: none"> <li>Nausea</li> <li>Breast tenderness</li> <li>Headache</li> <li>Rare: high blood pressure, blood clots, heart attack, stroke</li> </ul>
 Oral Contraceptives (Progestin only) "The Mini Pill"	9	Must swallow a pill every day	<ul style="list-style-type: none"> <li>Irregular bleeding</li> <li>Headache</li> <li>Breast tenderness</li> <li>Nausea</li> <li>Cramps</li> </ul>
 Oral Contraceptives Extended/Continuous Use "The Pill"	9	Must swallow a pill every day	<ul style="list-style-type: none"> <li>Risks are similar to other oral contraceptives (combined)</li> <li>Light bleeding or spotting between periods</li> </ul>
 Patch	9	Put on a new patch each week for 3 weeks (21 total days). Don't put on a patch during the fourth week.	<ul style="list-style-type: none"> <li>Exposure to higher average levels of estrogen than most oral contraceptives</li> </ul>
 Vaginal Contraceptive Ring	9	Put the ring into the vagina yourself. Keep the ring in your vagina for 3 weeks and then take it out for one week.	<ul style="list-style-type: none"> <li>Vaginal discharge</li> <li>Discomfort in the vagina</li> <li>Irritation</li> <li>Risks are similar to oral contraceptives (combined)</li> </ul>
 Diaphragm with Spermicide	12	Must use every time you have sex.	<ul style="list-style-type: none"> <li>Irritation</li> <li>Allergic reactions</li> <li>Urinary tract infection</li> <li>Toxic shock</li> </ul>
 Sponge with Spermicide	12-24	Must use every time you have sex.	<ul style="list-style-type: none"> <li>Irritation</li> <li>Allergic reactions</li> <li>Hard time removing</li> <li>Toxic shock</li> </ul>
 Cervical Cap with Spermicide	17-23	Must use every time you have sex.	<ul style="list-style-type: none"> <li>Irritation</li> <li>Allergic reactions</li> <li>Abnormal Pap test</li> <li>Toxic shock</li> </ul>
 Male Condom	18	Must use every time you have sex. <i>Noted for effectiveness, latex condoms are the best protection against HIV/AIDS and other STIs.</i>	<ul style="list-style-type: none"> <li>Allergic reactions</li> </ul>
 Female Condom	21	Must use every time you have sex. <i>Noted for effectiveness, latex condoms are the best protection against HIV/AIDS and other STIs.</i>	<ul style="list-style-type: none"> <li>Irritation</li> <li>Allergic reactions</li> </ul>
 Spermicide Alone	28	Must use every time you have sex.	<ul style="list-style-type: none"> <li>Irritation</li> <li>Allergic reactions</li> <li>Urinary tract infection</li> </ul>
<b>Emergency Contraception — If your primary method of birth control fails</b>			
 Plan B Plan B One Step Next Choice	7 out of every 10 women who would have gotten pregnant will not become pregnant after taking Plan B, Plan B One Step, or Next Choice	Swallow the pills within 3 days after having unprotected sex.	<ul style="list-style-type: none"> <li>Nausea</li> <li>Vomiting</li> <li>Abdominal pain</li> <li>Fatigue</li> <li>Headache</li> </ul>
 Ella	6 or 7 out of every 10 women who would have gotten pregnant will not become pregnant after taking Ella.	Swallow the pill within 5 days after having unprotected sex.	<ul style="list-style-type: none"> <li>Headache</li> <li>Nausea</li> <li>Abdominal pain</li> <li>Menstrual pain</li> <li>Tiredness</li> <li>Dizziness</li> </ul>

\*Effectiveness of the different methods during physical/actual use (including as a method using a method in a way that is not correct or not consistent) <http://www.fda.gov/birthcontrl>

- Sterilization surgery for women
- Sterilization surgical implant for women
- Implantable rod
- IUD Copper
- IUD with Progestin
- Shot/Injection
- Patch
- Vaginal Contraceptive Ring
- Oral Contraceptives (Combined Pill)
- Oral Contraceptives (Progestin only)
- Oral Contraceptives Extended/Continuous Use
- Diaphragm with Spermicide
- Sponge with Spermicide
- Cervical Cap with Spermicide
- Female Condom
- Spermicide alone
- Plan B/Plan B One Step/Next Choice
- Ella

# QUESTIONS?

Reports available at [www.nwlc.org/stateofcoverage](http://www.nwlc.org/stateofcoverage)

CoverHer Hotline: [www.coverher.org](http://www.coverher.org)  
1-866-745-5487  
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