

Health Reform & Women's Health

The AMCHP Role

AMCHP supports state maternal and child health programs and provides national leadership on issues affecting women and children. We work with partners at the national, state and local levels to expand medical homes, provide and promote family-centered, community-based, coordinated care for children with special health care needs and facilitate the development of community-based systems of services for children and their families.

AMCHP's National Center for Health Reform Implementation provides state maternal and child health (MCH) leaders and their partners with the information, tools and resources to optimize the opportunities presented by the Patient Protection and Affordable Care Act (ACA) for improving services, systems, and health outcomes for MCH populations.

Introduction

Access to quality health care is essential for improving women's health. Approximately 13 percent of women ages 19 to 64 are uninsured; women of color and women earning low incomes are uninsured at disproportionately higher rates. The implementation of the 2010 *Patient Protection and Affordable Care Act* (ACA) has the potential to create a system of care tailored to women's unique health care needs across the lifespan. This type of system can dramatically promote health and wellness, prevent chronic disease and improve birth outcomes. The ACA presents a significant opportunity for state MCH programs and their partners to improve the health care delivery system overall, promote women's health and ensure that women have access to quality health care.

Women's Health Provisions in the *Patient Protection and Affordable Care Act*

The ACA contains numerous provisions that impact health programs and services for women. For example, the law includes several provisions that target important prevention efforts, including tobacco cessation, teen pregnancy prevention and home visiting. The scope and impact of many of these provisions will unfold over the coming years as states and communities continue to implement them. Highlights of key ACA provisions that affect women are featured below.

Coverage and Benefits

Medicaid Expansion

Creates a mandatory Medicaid eligibility category for all low-income individuals to gain coverage (the 2012 Supreme Court ruling in *National Federation of Independent Business vs Sebelius* made the expansion voluntary for states). As of March 1, 2016, [31 states](#), including the District of Columbia, have expanded Medicaid eligibility to all individuals with incomes at or below 133 percent of the Federal Poverty Level (FPL). In states moving forward with Medicaid expansion, the changes in coverage are especially important for women of reproductive age who do not have dependents and therefore would not qualify for traditional Medicaid.



These women gaining coverage through the Medicaid expansion now have the same benefits and protections as those individuals gaining coverage through the Health Insurance Marketplace (Marketplace).

The expansion of Medicaid offers important benefits for adolescents and young adults, including women. Individuals previously receiving services through the [Early and Periodic Screening, Diagnosis, and Treatment \(EPSDT\) program](#) will be able to continue their participation with this program until the age of 21. Youth who have aged out of foster care, and had received Medicaid while in foster care, can remain on Medicaid and receive the full scope of benefits until they turn 26. In addition, the ACA requires comprehensive tobacco cessation services for pregnant women who are enrolled in Medicaid.

Health Insurance Marketplace

The ACA sets up a state Health Insurance Marketplace (Marketplace) to offer health insurance plans for individuals and small businesses. The Marketplace screens applicants for eligibility in both Marketplace plans and Medicaid to ensure that individuals enter “no wrong door” to health coverage. Women with household incomes that are too high to qualify for Medicaid (i.e., 100 to 400 percent FPL are eligible for federal subsidies and, in some cases, cost-sharing reductions, when purchasing Marketplace plans).

Family Planning

Medicaid currently requires states to cover family planning services without cost-sharing, but states vary in the scope and type of services offered. Women gaining coverage through Marketplace plans or the Medicaid expansion will gain access to all [Food and Drug Administration-approved contraceptives](#). Additionally, the ACA allows states to extend eligibility for family planning services to all women with incomes below 185 percent of the FPL without undergoing the federal waiver process. States can accomplish this by changing their Medicaid rules through a state plan amendment.

Insurance Market Reforms

The ACA includes insurance market reforms that directly benefit women, including a ban on excluding pre-existing conditions, removal of lifetime or unreasonable annual limits, a prohibition on discriminatory premium rate setting based on gender, and a provision of guaranteed availability of coverage. Additionally, most plans sold on the Marketplace must cover essential services important to women, including maternity care.

Extended Coverage for Young Adults

The ACA requires all non-grandfathered health plans — employer-sponsored, as well as individual policies purchased in or out of the Marketplace — to allow dependents to remain on their parent’s plan until the age of 26. Coverage is available regardless of an adult child’s employment or marital status. This provision holds potential for ensuring that young adult women have continued access to coverage and care.

Essential Health Benefits

Prior to passage of the ACA, many non-employer health plans did not include coverage for certain services that are essential to women, such as maternity care, prescription medications, or treatment for mental health conditions, including depression. The ACA requires that all qualified health plans sold in the Marketplace — and new health plans sold outside the Marketplace — include essential health benefits (EHBs) as part of a comprehensive benefits package. These benefits include outpatient care; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services; chronic disease management; and pediatric services, including oral and vision care.

Preventive Care

The ACA eliminates co-pays for services recommended by the U.S. Preventive Services Task Force (USPSTF) and immunizations recommended by the Centers for Disease Control and Prevention (CDC). This law also covers

additional preventive health services for women that are not included in the USPSTF recommendations, including preventive service guidelines from Health Resources and Services Administration (HRSA) and the Institute of Medicine (IOM). Preventive services that are available to women at no cost-sharing are included in Table 1:

Table 1: Women’s Preventive Services at No Cost-Sharing

For pregnant women or women who may become pregnant (preconception health):	For women overall:
<ul style="list-style-type: none"> Anemia screening 	<ul style="list-style-type: none"> Breast cancer genetic test counseling (for women at high risk)
<ul style="list-style-type: none"> Breastfeeding support and counseling 	<ul style="list-style-type: none"> Breast cancer mammography screenings (every 1 to 2 years over the age of 40)
<ul style="list-style-type: none"> FDA-approved contraceptive methods 	<ul style="list-style-type: none"> Breast cancer chemoprevention counseling (for women at high risk)
<ul style="list-style-type: none"> Folic acid supplements (for women who may become pregnant) 	<ul style="list-style-type: none"> Cervical cancer screening (for sexually active women)
<ul style="list-style-type: none"> Gestational diabetes screening (for women 24 to 28 weeks pregnant or those at high risk) 	<ul style="list-style-type: none"> Chlamydia infection screening (for younger women and other women at high risk)
<ul style="list-style-type: none"> Gonorrhea screening (for women at high risk) 	<ul style="list-style-type: none"> Domestic and interpersonal violence screening and counseling (for all women)
<ul style="list-style-type: none"> Hepatitis B screening (for pregnant women at the first prenatal visit) 	<ul style="list-style-type: none"> Gonorrhea screening (for women at high risk)
<ul style="list-style-type: none"> Rh incompatibility screening (for all pregnant women and follow up testing for women at high risk regardless of pregnancy status) 	<ul style="list-style-type: none"> Human Papillomavirus (HPV) DNA test (every three years for women 30 years of age or older)
<ul style="list-style-type: none"> Syphilis screening (for pregnant women and women at increased risk regardless of pregnancy status) 	<ul style="list-style-type: none"> Sexually transmitted infections counseling (for sexually active women)
<ul style="list-style-type: none"> Tobacco intervention and counseling (for pregnant tobacco users) 	<ul style="list-style-type: none"> Tobacco use screening and interventions
<ul style="list-style-type: none"> Urinary tract or other infection screening 	<ul style="list-style-type: none"> Well-woman visit

Prevention and Public Health

Teen Pregnancy Prevention

The ACA provides new investments in teen pregnancy prevention, including the [Personal Responsibility Education Program \(PREP\)](#) and [Pregnancy Assistance Fund \(PAF\)](#). Through these funding opportunities, grantees and service providers can deliver a variety of pregnancy prevention programs and increase access to health care and social services.

Maternal, Infant, and Early Childhood Home Visiting Program

The ACA created a new section in the 2010 Title V MCH Services Block Grant that provided \$1.5 billion over five years to states, tribes and territories for the [Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\) Program](#). Using evidence-based interventions, the MIECHV Program’s goal is to reduce infant and maternal mortality and its related causes by producing improvements in prenatal, maternal, and newborn health; child health and development; parenting skills; school readiness; juvenile delinquency rates; and family economic

self-sufficiency. The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 reauthorized funding for the MIECHV program at \$400 million per annum through March 2017.

Breastfeeding

The ACA amends the [*Fair Labor Standards Act*](#) (FLSA) to require that employers provide a reasonable break time for an employee to express breastmilk for her nursing child for one year after the child's birth and provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public. In addition, the ACA requires health insurance plans to cover breastfeeding support, counseling and equipment (including rental or purchase of a breast pump) for the duration of breastfeeding. For more information on breastfeeding and the ACA, please navigate to AMCHP's [fact sheet](#) and [issue brief](#).

The Title V Role in Promoting Women's Health

The ACA represents a significant opportunity to improve access to high quality health care for women. As states proceed with implementing the ACA, state MCH programs and their partners can ensure that the law includes a focus on women through multiple strategies including the following:

- Ensure that the implementation of coverage provisions focuses on the needs of all women, including coverage and services in physical, mental and behavioral health issues and conditions.
- Coordinate federal, state and local efforts in support of women's health. State MCH programs should link uninsured women to available prenatal services, coordinate closely with state Medicaid programs to improve outreach and enrollment services to eligible women and ensure capacity to meet the needs of women in their state.
- Continue to build and strengthen partnerships between the key public and private systems and programs that serve women to maximize investments and minimize duplication of effort. These partnerships will continue to be critical as

ACA provisions specific to women's health continue to be implemented.

Resources

- **Association of Maternal & Child Health Programs:** [Who Will Be Covered for What in 2015 and Beyond?](#)
- **Health Resources and Services Administration:** [Women's Preventive Services Guidelines](#)
- **Kaiser Family Foundation:** [Women and Health Care in the Early Years of the ACA: Key Findings from the 2013 Kaiser Women's Health Survey](#)
- **National MCH Workforce Development Center:** [The Affordable Care Act: A Working Guide for MCH Professionals](#)
- **Office on Women's Health, HRSA:** [Healthcare and Women](#)

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AMCHP Contact Information

This fact sheet is part of a series of AMCHP tools, documents and resources on implementation of the ACA and its impact on maternal and child health populations. For more information, please visit the [National Center for Health Reform Implementation](#) website. All AMCHP staff can be reached via phone at (202) 775-0436.