

Institute for Women's Health Research Forum Lecture Notes



What Women and Their Providers Can Expect from the Affordable Care Act (ACA)

Presented by Debra Stulberg, MD, Assistant Professor, Department of Family Medicine, University of Chicago

President and Training Director, Midwest Access Project

Dr. Stulberg began by stating that while upcoming ACA changes are visionary, many are only addressing discriminatory practices of yore, when policies treated women's health services as luxuries and not standard of care.

A Quick Review of the ACA

President Obama signed the Affordable Care Act (ACA) into law March 23, 2010. Some provisions took effect immediately; others will not roll out until 2014 or 2020. Basically, ACA expands coverage under the existing insurance system: redefining who is covered and what services are covered. Another important feature of ACA is the creation of health insurance exchanges at the state level. Finally, the law creates a number of new programs designed to reduce disparities and improve the quality and efficiency of care.

Expanding Health Care Coverage Six Ways

Starting in 2014, the law requires that almost all people have health insurance—this part was recently contested in the Supreme Court but it was ruled constitutional. So people will have to be in a public program such as Medicare or Medicaid, if they qualify; be in a plan through their employer; or find insurance through their state's exchange.

Beginning in 2011, private insurers were required to expand dependent coverage to children up to the age of 26. In 2014, employers with at least 50 employees must offer insurance or face penalties.

Originally, the ACA required expansion of Medicaid eligibility. But the Supreme Court struck down that portion of the law. In simplified terms, now states can decide if they want to expand coverage for non-Medicare eligible individuals and take advantage of federal subsidies to cover more people through Medicaid, or not.

Finally, the ACA requires each state to create a health insurance exchange to cover the uninsured or participate in a multi-state or federal exchange.

Special Promise for Women

Some may consider ACA requirements as new "free" services. But Dr. Stulberg puts it differently: for years, women have been paying insurance premiums like men, yet the basic health care women need was often excluded from coverage or an additional premium applied. These new requirements essentially recognize women's health care as basic health care.

For instance, while men's and women's needs for catastrophic care is similar in the event of a car accident or severe illness, women have reproductive health care needs: pap smears, contraception, abortion and prenatal care.

Health plans will be required to provide certain services determined by the U.S. Preventive Services Task Force including screenings for cervical and breast cancer, osteoporosis, obesity, hypertension, depression, and for some, chlamydia and HIV.

Especially affecting women are preventive health care services: well-woman visits; screening for gestational diabetes; HPV DNA testing for women 30 and older; sexually-transmitted infection counseling; HIV screening and counseling; all FDA-approved contraception methods and contraceptive counseling (including Emergency Contraception); breastfeeding support, supplies and counseling; and domestic violence screening and counseling.

Other provisions of the ACA benefitting women are banning lifetime limits, creating discount drug programs and increasing coverage for existing Medicare benefits—because women tend to live longer and have less disposable income in their senior years.

New Needs

The ACA requires that insurers provide Essential Health Benefits for all, as determined by the Department of Health and Human Services, in these categories: ambulatory care, emergency services, hospitalization, maternity and newborn care, mental health and substance abuse, prescription drugs, rehabilitation, laboratory, preventive and wellness services, chronic disease management, and pediatric services, including oral and vision care.

Who will provide all of this care? As we add new areas covered by ACA and the vast numbers of newly insured, there are staffing and training challenges. We need more primary care physicians such as family physicians, general internists, general pediatricians, geriatricians, family and women's health nurse practitioners, physician assistants, and midwives.

Challenges

There is inequality among U.S. women based on what state they live in when it comes to qualifying for Medicaid. But, moreover, women are also at the mercy of their state governments regarding the coverage of contraception, the coverage of contraception for those employed by certain religious institutions, and abortion.

Dr. Stulberg covered many more ACA details including which governmental and independent entities are setting standards of care, where things stand in Illinois, the nuances of reimbursement and what disparities such as geography, ethnicity and disability still need to be addressed. Another fascinating area to review is how the drafters of the ACA designed programs to improve the quality of care and decrease costs. To read more, please visit the resource websites below.

Resources

For advocacy focused on women and low income, visit

- Raising women's voices: www.raisingwomensvoices.net
- National Health Law Project: www.healthlaw.org

Information and research

- Kaiser Family Foundation: www.kff.org

Reproductive health

- Guttmacher Institute: www.guttmacher.org

Government sites that can help people navigate upcoming changes

- www.healthcare.gov
- www.health.gov
- www.womenshealth.gov

Notes provided by Christina Koenig

