

The Affordable Care Act and the Opportunity to Improve Prevention in Women: How to Make the Most of the Law

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Preventable chronic illnesses cause 7 of 10 American deaths each year and account for 75% of US healthcare spending (1). Women are disproportionately affected by chronic disease, which negatively impacts their quality of life and their economic status (2). Women's major chronic illnesses are estimated to cost about \$466 billion per year, which does not include lost potential income and additional economic impact to women and their families (2). Prevention and access to preventive services are critical to maintaining a woman's health across the lifespan. Women's preventive care is especially important for the health of future generations given the direct impact a woman's health has on birth outcomes. Yet, despite the importance of preventive care, more than half of American women are not up to date on recommended preventive services (3).

A major barrier to preventive care is cost. Women use more healthcare services than men, due in part to more complex reproductive healthcare needs, longer life expectancies, and higher rates of chronic disease (4, 5). Yet women often have lower mean incomes and greater difficulty affording care. Even minimal levels of cost sharing, in the form of copays and other out-of-pocket expenses, may have a negative impact on the utilization of preventive services (3).

Fortunately, the Affordable Care Act (ACA)⁴ takes a number of steps to improve health through a robust prevention policy. At the centerpiece of the ACA's prevention initiative is the elimination of cost sharing for many preventive services, including 8 key women's health preventive services recommended by the Institute of Medicine (IOM) and adopted by the US Department of Health and Human Services (HHS) on August

1, 2012 (Table 1). Prevention and early detection of health conditions or diseases identified during a well-woman visit and regular preventive screenings can lead to effective treatment and improved health outcomes (6). Consequently, as national and state health reform implementation under the ACA moves forward, important challenges and opportunities arise to protect and improve women's access to preventive care and increase its quality while decreasing costs. Here we outline some of these opportunities and challenges, make recommendations for what we believe would improve women's access to preventive services, and document the impact of this landmark legislation on women's health.

Consider Medicaid Coverage Expansions

The expansion of Medicaid is a critically important component of the ACA, especially for many of the country's most vulnerable women. The Supreme Court's ruling on the ACA's Medicaid expansion has given states the power to accept or reject the ACA's historic Medicaid expansion that will provide coverage for an estimated 17 million additional low-income people, of which 10 million are women (7, 8). States that reject the Medicaid expansion will leave many of their poorest and sickest residents uninsured, many of whom are near-elderly women with increased health problems who do not yet qualify for Medicare. These states will continue to incur the costs associated with uncompensated care and chronic disease. Particularly among the very poor and uninsured, chronic illness and its associated costs will only worsen (3). Estimates demonstrate that the Medicaid expansion will provide coverage at a modest cost to states, with costs partially offset by savings in uncompensated care and other state-funded services for the uninsured (7). We recommend that states accept the federal funding offered for Medicaid expansion so that women have access to the same preventive services regardless of their income or state of residence.

Provide Medicaid Recipients with Robust Benefits Packages Designed to Address Women's Health Needs

The ACA provides an enhanced Federal Medical Assistance Percentage (FMAP) to state Medicaid programs

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⁴ Nonstandard abbreviations: ACA, Affordable Care Act; IOM, Institute of Medicine; HHS, US Department of Health and Human Services; FMAP, Federal Medical Assistance Percentage.

Table 1. Preventive services for women recommended by the IOM and adopted by HHS to be covered without cost sharing.

1. Well-woman visit (WWV)
2. Screening for gestational diabetes
3. High-risk human papillomavirus (HPV) DNA testing
4. Counseling for sexually transmitted infections (STIs)
5. Counseling and screening for HIV
6. Contraceptive methods and counseling
7. Breastfeeding support, supplies, and counseling
8. Screening and counseling for interpersonal and domestic violence

that cover certain recommended preventive services without cost sharing. An increase of 1 percentage point in FMAP will be made for state Medicaid programs that offer preventive services coverage without cost sharing for services rated A or B by the US Preventive Services Task Force and vaccines recommended by the CDC Advisory Committee on Immunization Practices, effective January 2013 (9).

State coverage of preventive services without cost sharing for women on Medicaid currently varies among states, and the range of services available to these women is narrower than for those covered by private insurers (10). We recommend that state and federal governments evaluate the cost-effectiveness of offering FMAP incentives to Medicaid programs so that vulnerable low-income women receive the same comprehensive preventive services that privately insured women can now access under the ACA. Additionally, states could consider designing a well-woman standard of care for Medicaid enrollees. The HHS regulations on women's clinical preventive services provide a valuable framework for parallel changes in Medicaid preventive services for women (11).

Ensure Implementation of Preventive Services Guidelines

Although HHS and the Departments of Labor and Treasury have issued regulations that clarify cost sharing requirements on providing recommended preventive services (complete guidelines governing preventive services without cost sharing and descriptions of recommendations can be found at <http://www.HealthCare.gov/center/regulations/prevention.html>), the ACA does not specify which entities at the state or federal level are responsible for enforcing this policy. Therefore, we urge the federal and state governments to designate an appropriate agency responsible for monitoring com-

pliance with regard to providing preventive services without cost sharing.

The need for state oversight is clear from the Massachusetts experience with healthcare reform, on which the ACA was modeled. Although some preventive services have been available without cost sharing to Massachusetts residents since the institution of health reform in 2006, there have been anecdotal cases of women reporting that they were inappropriately charged copayments for these services (12). Such cases will not be unique to Massachusetts. States can play an important role in monitoring and enforcing the intended implementation of this benefit through consumer education campaigns and materials and consumer protection agencies.

Although the benefits of preventing unintended pregnancy through the effective use of contraceptives are clear, this aspect of prevention for women remains controversial because of opposition from religious groups (13, 14). The federal exemption for religious employers regarding contraceptive coverage will require special attention. Issues such as determining which employers will be exempt from covering contraceptives, which employers will have health plans administer and pay for the coverage, and how women will be informed about these exemptions will need to be addressed state by state as healthcare reform is implemented.

Beyond government regulation and oversight, healthcare providers and organizations have an exciting opportunity to take these guidelines and use them as a tool for better integrating prevention into clinical practice. Preventive services and screenings and well-woman visits that will be offered without cost sharing present an unprecedented opportunity to provide robust preventive care to women. Insurers similarly need to ensure consumer and provider knowledge on the types of preventive services available without cost sharing.

Assess Impacts and Outcomes of Preventive Services

The ACA expands access to coverage and includes many new benefits that will promote women's wellness across the lifespan. This law is especially important to at-risk populations of women who have not traditionally had access to affordable health insurance coverage. To maximize the impact of this opportunity, healthcare providers and policymakers will need comprehensive data to understand the impact of healthcare reform on health disparities and access to care. It will be important to routinely collect, analyze, and report data that are stratified by sex and by sex and race/ethnicity, at a minimum. Studies have demonstrated that the race and sex of patients may influence both access to care

and treatment outcomes, and the interactions of these 2 variables are important to examine. We cannot understand the full impact of healthcare reform on 50% of the population if we don't collect and report data by sex.

Although the ACA addresses data collection and reporting standards in self-reported data to include sex and race/ethnicity, the language used, such as "to the extent practicable," provides a vague interpretation as to how comprehensive and thorough data collection and reporting will be. Experience from Massachusetts health reform shows that without an explicit commitment and plan for data collection and analysis, key state agencies often do not record, stratify, and/or report sex-specific data and key measures for the impact of healthcare reform by sex. As a result, there has been a longstanding research gap on health impacts and outcomes by sex. This research gap has also been documented by the Government Accountability Office and numerous research organizations and most recently by the Institute of Medicine in its 2010 report *Women's Health Research: Progress, Pitfalls, and Promise* (13). Given the primary role of states in implementing the ACA, we urge states to employ an explicit commitment regarding the implementation of the law and plan for data collection and analysis stratified by sex and sex and race/ethnicity groups, especially as these relate to both

providing no-cost preventive services and assessing the law's impact on women's health. Healthcare institutions and practices would also benefit from reporting their clinical data by sex and by sex and race/ethnicity groups.

The US, the world's wealthiest country, spends more per capita on healthcare than any other nation, yet has one of the lowest life expectancy rates in the developed world (15). Fortunately, we have the ability to leverage the preventive services now available with the passage of the ACA that are so crucial to improving healthcare outcomes while reducing healthcare expenditures in the US.

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