

## Critical Health Coverage for Women and Babies Remains the Law of the Land

The American Health Care Act (AHCA) was pulled from the floor of the U.S. House of Representatives on Friday, March 24, leaving the Affordable Care Act (ACA) the law of the land. The AHCA with support from only 17% of Americans would have taken us backwards to a time when benefits that childbearing people and their babies count on were left to the whims of local markets and insurance companies. In addition to the loss of certain benefits, the Congressional Budget Office estimated that 24 million people would have lost health insurance coverage entirely by 2026. This includes approximately 9.5 million previously uninsured women who gained coverage under the ACA, and many of the 12.9 million women of reproductive age insured by Medicaid under the ACA.

**The National Association of Certified Professional Midwives (NACPM) is non-partisan in its support for a primary maternity care system in our country where all childbearing people have access to care through a midwife, where place of birth is the choice of the family, and where all women and babies have the same chance to be healthy.** While it appears that there will not be near-term Congressional action taken to replace the Affordable Care Act, it is an important moment to remind ourselves of what the ACA has accomplished. The ACA has increased coverage and access to care for people having babies, especially the most vulnerable, and contributed to ensuring that all childbearing people and their babies have the same chance at health.



Affordable Care Act Essential Benefits

This past couple of weeks, much has been at stake for women as Congress debated whether to repeal many important provisions of the Affordable Care Act. The ACA fundamentally changed the landscape for women's health coverage. The debate over the AHCA has highlighted what women have gained as a result of the ACA, and what would happen if these protections were repealed. Just seven years ago, prior to the ACA:

- Health plans charged women as much as 30% more than men for similar coverage
- Pregnant women frequently could not obtain insurance as pregnancy was considered a pre-existing condition
- Maternity and newborn care were not considered essential health benefits
- Prior cesarean section or injuries from domestic violence could be considered pre-existing conditions, resulting in denial of insurance coverage
- Women, especially low-income women, experienced multiple financial barriers to obtaining health insurance coverage. The National Academies of Science, in a series of reports dating back to 2001, 2004 and 2009, declared that evidence shows that health insurance is essential for people's health and well-being, and to preventing avoidable illness, worse health outcomes and even premature death.

Health insurance coverage for all people and all women is foundational to coverage for pregnant women. It is estimated that 20 million adults gained health insurance coverage by early 2016 since the ACA coverage expansion first began in the 4th quarter of 2013. These gains were important across population groups. Uninsured rates for non-Hispanic whites dropped by 50.7%, from 14.2 to 7%, resulting in an additional 8.9 million adults gaining coverage. Uninsured rates for non-Hispanic blacks dropped 52%, falling

from 22.4 to 10.6% in just over two years, resulting in an additional 3 million adults with insurance coverage in this short span of time. Adult enrollment increased by over 12 million in states that expanded Medicaid, broadening coverage for the poor and low-income population.

Approximately 9.5 million women not insured previously gained coverage under the ACA. Approximately 1 million uninsured children gained coverage as well, as newly-eligible parents are more likely to sign their families up for coverage. Medicaid provides health coverage to almost 1 in 5 women in the U.S.; the AHCA would have limited federal dollars that states receive for the program - Medicaid - that pays for almost one-half of the births in the U.S.

Broader coverage resulted from several approaches in the ACA, including Medicaid expansion, subsidies for private coverage, the elimination of the ban on preexisting conditions, designation of the essential health benefits, and the individual mandate to purchase insurance coverage. The law simplified the Medicaid application process to base eligibility solely on income, helping to overcome a barrier to coverage, including and in particular among pregnant women, and outreach was conducted to inform the public and encourage enrollment.

The AHCA would have:

- Ended the mandate for individuals to obtain insurance and for employers to provide coverage for their employees
- Curtailed and even accelerated the phase-out of Medicaid expansion
- Reinstated out-of-pocket expenses for preventive services (such as prenatal care)
- Re-imposed lifetime limits on expenses insurance will cover
- Changed the way subsidies for insurance were provided to low-income individuals making it more difficult and expensive for the least well-off

The Congressional Budget Office estimated that, under the AHCA, states that had expanded Medicaid would not have continued coverage, and that no new states would have expanded Medicaid. Costs of providing coverage would have been shifted to the states that can ill-afford them.

Provision	Before ACA
✓ Bans pre-existing condition exclusions	Included: <ul style="list-style-type: none"> <li>• Pregnancy (~ 4 million births per year)</li> <li>• Prior C-section (1/3 births)</li> <li>• Depression (1/10 women)</li> <li>• History of domestic violence (1/3 women)</li> </ul>
✓ Requires plans to extend dependent coverage up to age 26	• 30% of women, 19-26, were uninsured in 2009, the highest uninsured rate of all age groups.
✓ Bans gender rating	<ul style="list-style-type: none"> <li>• Individual plans may charge higher premiums to women for same coverage</li> <li>• A 2012 study found 1/3 of plans charged 25 and 40 year old women at least 30% more than men</li> </ul>
✓ Expands coverage of pregnancy-related care	<ul style="list-style-type: none"> <li>• Maternity and newborn care defined as essential health benefits for individually purchased plans</li> <li>• No cost prenatal visits, screening services, and breastfeeding supports for nearly all women with individual and employer insurance</li> <li>• Medicaid expansion provides coverage for new mothers who otherwise would have lost coverage post partum</li> </ul>

SOURCES: Centers for Disease Control and Prevention (CDC), [Births - Method of Delivery 2015](#), [Depression in U.S. Household Population 2009-2011](#), National Coalition Against Domestic Violence (NCADV), [National Statistics](#), 2010. National Women's Law Center (NWLC), [Turning to Fairness Report](#), 2012. Kaiser Family Foundation/Urban Institute analysis of the March 2009 Current Population Survey, U.S. Bureau of the Census.

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The ACA Made Many Insurance Reforms Affecting Women

## Beneficial Provisions Remain in Place

While the AHCA did not repeal all of the provisions below, it is important to remember the important policies for women and their infants that remain in place because of the ACA:

- The Essential Health Benefits, a set of 10 categories of services health insurance plans must cover under the ACA, including pregnancy and childbirth, even if pregnancy begins before coverage takes effect. As a result of the ACA, uninsured women are eligible to purchase insurance that covers maternal and newborn care
- Insurance companies cannot deny coverage for people with pre-existing conditions, including women who have had a prior cesarean section or who have suffered from domestic abuse
- Insurance companies cannot charge more to women than to men for similar coverage
- Multiple preventive services for pregnant women and their babies are covered at no extra cost to the insured, including smoking cessation services, folic acid supplementation, breastfeeding counseling before and after birth, screening for anemia, gestational diabetes, Hepatitis B and Rh incompatibility: in fact, all services and screenings recommended by the U.S. Preventive Services Task Force for pregnant women
- Enrollment in health plans outside of regular enrollment periods for newborns - coverage that is effective from the day the baby is born
- Maternal, Infant and Early Childhood Home Visiting Program grants for at-risk communities

- Assistance to pregnant and parenting teens and women enrolled in higher education programs, with child care, housing, babies supplies and food and other support and protective services
- Mandate to reimburse certified nurse midwives at 100 percent of the physician rate for services paid for by Medicare, which positively influences the reimbursement levels of other payers
- Medicaid reimbursement for facility fees for free-standing birth centers, and the provider fees for state-qualified birth attendants
- Testing of innovations to improve maternity care quality and outcomes and reduce costs, for example the Strong Start for Mothers and Newborns Initiative to reduce preterm births and improve outcomes for pregnant people and newborns - an opportunity to test birth center care as an intervention
- Guarantee that new mothers be reimbursed for breast pumps and provided with time and space at work to breastfeed, and reasonable break time to express breast milk in a private space other than a bathroom. Studies show that these protections increase rates of exclusive breastfeeding for the first six months, potentially saving the lives of infants, especially those of black infants who die at 2 times the rate of white infants due to lack of optimal breastfeeding.

### **What is next for health care, insurance and access to care?**

The President has declared that the ACA is "exploding"; however, experts say that those with coverage under the ACA are not in danger of losing it or of having their premiums go up now. However, there are ways that the law can be undermined short of repealing it, and markets destabilized and coverage and benefits endangered. Budget provisions could defund the ACA's cost-sharing subsidies that help low-income people cover premiums and out-of-pocket expenses. The administration could choose not to enforce the individual and employer mandates, increasing the number of uninsured, or stop government payments to insurers that support cost-sharing reductions, disrupting the health insurance market, or further undercut the healthcare law through regulatory authority.

NACPM calls on Congress and the administration instead to exercise the leadership necessary to work together to improve and strengthen the law and to address the weaknesses and complex challenges the ACA has so far been unable to resolve, including finding ways to reduce unaffordable drug costs and premiums, deductions and other forms of cost sharing, and ensuring adequate provider networks in parts of the country where coverage is dwindling. Access to health care for millions of Americans is at risk, including women and babies. We call on our leaders to address costs and problems in the system without taking away needed care. The health and well-being of our citizens and the future of our country depend upon it.

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