National
Family Planning
& Reproductive Health Association

Ten Things in Health Care Reform You Didn't Know Were Important for Women's Health

The policies highlighted in this article are provisions in the Patient Protection and Affordable Care Act (P.L. 111-148) signed into law on March 23, 2010, along with modifications included in the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) signed into law on March 30, 2010.

1) Resources are available to establish patient-centered medical home demonstration projects. The law provides resources to establish models of health care delivery that emphasize coordinated, comprehensive patient care and payment reform. This language may allow for projects that meet the unique needs of women including preconception, prenatal and family planning care.

2) States can begin Medicaid expansions now. Beginning April 1, 2010, states may expand their Medicaid programs to cover individuals up to 133% of the federal poverty level (in 2014, states will be required to have coverage up to 133% of the FPL). The option to expand coverage now could result in millions of uninsured women gaining access to comprehensive health insurance.

3) Nurse education, practice and retention grants will be available to retain and build a successful and strong nursing workforce. The Secretary of Health and Human Services (HHS) will award grants to schools of nursing, health care facilities or partnerships of the two, to promote nursing retention and quality improvement; to improve the nursing workforce; and increase nurse participation in the organizational and clinical decision making processes of health care delivery.

4) "Gender rating" is prohibited in health insurance. The law prohibits health insurance companies from charging women more than men for the same coverage (but there is more work to do—rating based on age is not prohibited).

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5) Denying women coverage for preexisting conditions is now banned. Prior to health care reform, Cesarean sections and domestic violence were considered preexisting conditions and resulted in denials of coverage for women. The health care reform law prohibits these practices on the part of insurers, starting six months after the law's enactment.

6) Offices of Women''s Health will be established in major federal agencies. While a number of federal agencies already have Offices of Women's Health, the health reform law makes these offices permanent. The law also authorizes the establishment of a "Services Coordinating Committee on Women's Health" to help coordinate the work of the different offices

7) States can eliminate cost-sharing for preventive services in their Medicaid programs. Beginning in 2013, states can draw down an increased Federal Medical Assistance Percentage (FMAP) for preventive services offered without cost-sharing requirements for beneficiaries.

8) Medicaid providers will see increased payment rates. Medicaid rates for primary care services provided by primary care doctors will increase to 100% of the Medicare payment rates for years 2013 and 2014 at 100% federal financing. The temporary increase will enable many primary and preventive care providers to continue providing quality care to the millions of women seeking care in family planning settings (and encourage others to join as participating providers).

9) Nurse-managed health clinics will be eligible for grant funding. HHS will award $50 million in grant funding for fiscal year 2010 to assist with the operation of nurse-managed health clinics that provide primary care or wellness services to underserved or vulnerable populations and that are associated with a school, college, university or department of nursing, federally qualified health center, or independent nonprofit health or social services agency.

10) The Centers for Disease Control and Prevention will award Community Transformation Grants for the implementation of evidence-based community preventive health activities. State and local governmental agencies, community-based organizations and state and local nonprofit organizations can apply for grant funding to implement community programs that result in healthier communities. Such programs include those designed to address chronic disease prevention, reduce racial and ethnic health disparities, create healthy school communities, or address the needs of special populations in both urban and rural areas. This language may allow for projects designed to improve women's access to health services.