NHeLP
NATIONAL HEALTH LAW PROGRAM

#1 in a series of 6

5 Ways Health Reform Helps Medicaid Beneficiaries

1. **ALREADY IN PLACE: Protection for Medicaid enrollees**
   The ACA included a "Maintenance of Effort" provision prohibiting states from cutting eligibility for adults until 2014 and children until 2019. If states do not comply, they can be sanctioned and lose all federal Medicaid funding. This provision has protected the Medicaid coverage of millions of individuals who would otherwise have lost Medicaid as states sought to reduce spending due to the poor economy.

2. **ALREADY IN PLACE: More preventive care**
   The ACA includes numerous provisions which expand access to preventive services. For example, the ACA has already distributed "Medicaid Incentives for Prevention of Chronic Disease" grants for states to engage in diabetes prevention, cholesterol and blood pressure screening, and tobacco cessation. Starting in 2013, Medicaid preventive benefits will include a broader array of services and states will receive increased federal funding if they provide these services without cost-sharing. Another provision requires that, starting in 2014, many Medicaid enrollees will receive some services that may be new to Medicaid, such as habilitative services, and will have access to a wide range of women's health services.

3. **COMING SOON: Medicaid expansions**
   Starting in 2014, the ACA creates a new Medicaid eligibility category covering nearly all uninsured individuals living under 138% of the federal poverty level. Sixteen million people will be newly eligible for Medicaid. The ACA also creates other options for states including expanding family planning services, providing new home and community based services and programs, and offering other services for higher income individuals not otherwise eligible for Medicaid.

4. **COMING SOON: Better access to primary care providers**
   The ACA will substantially increase the Medicaid payment rates in 2013 for certain primary care providers (internal medicine, family medicine and pediatrics). These providers will get the higher Medicare payment rate for primary care services. This provision will help improve access to primary care providers for enrollees and support the safety-net providers who take care of underserved populations.

5. **COMING SOON: Improved enrollment processes**
   The ACA heavily invests in simplifying the process of enrolling in health care. Starting in 2014, states must have one streamlined application process for all health care programs, including Medicaid and private exchange insurance plans including available subsidies. The ACA also provides start-up funding for state consumer assistance programs and health care navigators to ensure that every individual receives help understanding her options and getting enrolled.

Health reform has done so much already – let's finish the job!

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Here's how NHeLP is working to make health reform a reality:

- ✓ NHeLP has filed a brief with the U.S. Supreme Court in defense of the ACA's Medicaid expansion. Brief available at: *http://www.healthlaw.org/images/stories/2012_NHeLP_ACA_Brief.pdf*
- ✓ NHeLP has written regulatory comments to help protect the rights of consumers in the new Medicaid expansion and enrollment processes. Comments available at: *http://www.healthlaw.org/images/stories/Medicaid Aug 2011 NPRM Comments FINAL.pdf*
- ✓ NHeLP has advocated, led national sign-on letters, and written comments to help improve the Essential Health Benefits standard. Comments available at: *http://www.healthlaw.org/images/stories/NHELP_EHB Comments_1.31.12_FINAL.pdf*
- ✓ NHeLP has worked in numerous states to develop expansions in Medicaid and other related programs, such as the Basic Health Plan option. Basic Health Plan issue brief available at: *http://www.healthlaw.org/images/stories/Short_Paper_2_The_ACA_and_the_Basic_Health_Option.pdf*

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#2 in a series of 6

5 Ways Health Reform Helps Older Adults and Individuals with Disabilities

1. **ALREADY IN PLACE: Improvements to Medicare**
   The ACA has made numerous improvements to Medicare to benefit older adults and individuals with disabilities. The ACA has already reduced the cost of Part D medications for many enrollees, and will completely eliminate the Part D coverage gap (also known as the "donut hole") by 2020. The ACA has also established free annual wellness visits for Medicare enrollees – more than 32 million Medicare enrollees benefited from free preventive care in 2011.

2. **ALREADY IN PLACE: Improved access to home- and community-based services**
   Home- and community-based services (HCBS) allow individuals to receive supports in their home setting so that they are not forced into nursing homes or other institutions. The ACA expands access to HCBS services by providing states with new options to start more HCBS programs and apply for increased funding for HCBS services.

3. **ALREADY IN PLACE: Better coordination for Medicare and Medicaid**
   The ACA created a new Medicare-Medicaid Coordination Office (MMCO), which will help improve coordination of benefits for the 9 million individuals who are enrolled in both programs. The MMCO is also developing projects that will combine both Medicare and Medicaid into one unified health benefit with additional requirements for care coordination and assistance for consumers.

4. **COMING SOON: Health Care Homes**
   Older adults and persons with disabilities often have complex health care needs which involve a number of different medical providers and settings. The ACA promotes a new team-based model where a central care management team will coordinate between these diverse providers and assist individuals in managing their own care. This model of care will be patient centered and has the potential to increase quality while reducing costs.

5. **COMING SOON: Protecting the future of Medicare**
   Some critics have suggested that the ACA "cuts Medicare." This is false. The ACA actually protects the future of Medicare by reducing wasteful spending. For example, the ACA will save $500 billion by reducing Medicare fraud and abuse and reducing overpayments Medicare has made to private managed care plans. These cuts are not targeted at the benefits enrollees depend on. The next time you hear someone say that the ACA cuts Medicare by $500 billion, you will know that in reality the ACA saves Medicare money to ensure the program maintains all of its benefits.

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Here's how NHeLP is working to make health reform a reality:

- ✓ NHeLP serves as one of the lead organizations for the Campaign For Better Care (CBC), a coalition to improve health care for older adults with chronic conditions.
  CBC Website: *www.campaignforbettercare.org*
- ✓ NHeLP has drafted coalition comments to promote home- and community-based service expansions. Comments available at:
  http://www.healthlaw.org/images/stories/Campaign%20for%20Better%20Care%20comments%20-%20Community%20First%20Choice.pdf
- ✓ NHeLP meets regularly with the new Medicare-Medicaid Coordination Office to ensure Medicare and Medicaid improvement efforts contain strong consumer protections.
- ✓ NHeLP litigates to ensure access to home- and community-based supports and services.

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#3 in a series of 6

5 Ways Health Reform Helps Women

1. **ALREADY IN PLACE: Medicaid state option to expand family planning**
   The ACA created a new Family Planning State Option to allow states to expand access to family planning for individuals who do not qualify for Medicaid but need family planning services. Previously, states could only enroll these individuals in Medicaid family planning programs that are temporary and permitted to limit services and enrollment. This new option allows states to incorporate this limited-scope coverage into their state Medicaid programs, creating an entitlement for all those who qualify.

2. **ALREADY IN PLACE: Coverage of preventive care without cost-sharing**
   The ACA requires all new insurance plans to cover certain preventive health benefits without cost-sharing. This is particularly significant for women, who have important preventive health needs, lower incomes, and are more likely to forgo preventive care due to cost. Beginning in August 2012, this coverage requirement will expand to include additional women's preventive health services, including contraception.

3. **ALREADY IN PLACE: The end of discriminatory insurance practices**
   For the first time, the ACA prohibits sex-based discrimination by all health programs and insurers that receive federal funding. Beginning in 2014, insurers will no longer be permitted to deny women coverage based on "preexisting conditions" such as pregnancy, cesarean sections or domestic violence. Additionally, insurers in the individual and small group markets will no longer be permitted to charge women higher premiums than men.

4. **COMING SOON: Expansion of Medicaid**
   Beginning in 2014, Medicaid will expand to cover an additional 16 million individuals living near or below poverty. Although many women already benefit from Medicaid, only those who are pregnant, parenting or living with a disability have historically qualified for enrollment. The ACA expands eligibility to all individuals with incomes below 138 percent of the federal poverty level. For the first time, low-income women who do not meet previous eligibility criteria – 55 percent of currently uninsured women – will qualify for comprehensive Medicaid coverage.

5. **COMING SOON: Coverage of maternity care**
   According to a report by the National Women's Law Center, 87 percent of insurance plans sold in the individual market do not cover maternity care for women. Starting in 2014, the ACA changes this by requiring all new health plans to cover maternity care as a part of the Essential Health Benefits package. Millions of women will thus have access to affordable coverage for the services they need to stay healthy during pregnancy and safely give birth to healthier babies.

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Here's how NHeLP is working to make health reform a reality:

- ✓ NHeLP has submitted comments on proposed federal regulations addressing women's health and the importance of maintaining these critical ACA protections:
  - *NHeLP comments on the Essential Health Benefits Bulletin*
  - *NHeLP comments on women's preventive health services requirements*
- ✓ NHeLP has published short papers focusing on the ACA and women's health. These include:
  - *Q&A: The New Family Planning State Plan Option Under the ACA*
  - *The ACA and Nursing Mothers*
- ✓ NHeLP is actively engaged in efforts to protect the preventive health services coverage requirements in the ACA against attacks that would allow employers to refuse to provide their employees with the required coverage. For more information:
  - *NHeLP Issue Brief on Health Care Refusals and Contraception*
  - *NHeLP Congressional Testimony on Health Care Refusals*
- ✓ NHeLP is proud to be a part of "I Will Not Be Denied," a campaign organized by the National Women's Law Center and joined by other prominent reproductive and women's health advocates:
  - *Watch the "I Will Not Be Denied" campaign video*
  - *Sign a petition to stand up for women's health*

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#4 in a series of 6

5 Ways Health Reform Helps Children and Young Adults

1. **ALREADY IN PLACE: CHIP and Medicaid coverage for children continues through 2019**
   The ACA's "maintenance of effort" provision requires states to maintain eligibility for children enrolled in the Medicaid program in families earning under 133% of the federal poverty level and in the CHIP program until September 30, 2019. If states do not comply, they can be sanctioned and lose all federal Medicaid funding. The ACA also extended funding for CHIP through September 30, 2015.

2. **ALREADY IN PLACE: No pre-existing condition exclusion for children under age 19**
   The ACA prohibits health plans and insurers from denying insurance to children due to pre-existing conditions (a similar provision for adults goes into effect in 2014). Starting in 2014, this provision will apply to plans that were in existence at the ACA's enactment (known as grandfathered health plans). Further, once a child is enrolled, health plans and insurers cannot deny coverage for services related to a pre-existing condition.

3. **ALREADY IN PLACE: Coverage of dependent children up to age 26**
   Dependent children can remain on their parent's health insurance until age 26. This only applies to health plans that offer dependent coverage; there is no requirement that all plans must offer it. Since the ACA's enactment, over 2.5 million dependent children have been able to retain coverage due to this provision.

4. **COMING SOON: Services in private health plans that are specifically focused on children**
   The ACA requires that health plans participating in Exchanges provide "pediatric services including oral and vision care" as part of the mandated Essential Health Benefits. Health plans must also provide, at no additional cost, all screening and services recommended by the U.S. Preventive Services Task Force (USPSTF) for children ages 6 to 18, all immunizations recommended by the Centers for Disease Control and Prevention, and all screenings in the Bright Futures guidance developed by the American Academy of Pediatrics and the Health Resources and Services Administration (this does not apply to grandfathered plans). For example, USPSTF recommends screening children for obesity and offering or referring obese children to comprehensive, intensive behavioral interventions to promote improvement in weight status.

5. **COMING SOON: Extended Medicaid coverage of children aging out of foster care**
   Beginning in 2014, states must expand Medicaid coverage to children who have aged out of foster care from age 21 up to age 26. Research clearly documents the significant health needs of older children in foster care and their poor health outcomes as adults. Continuing Medicaid coverage will ensure these youth have access to ongoing health care during this pivotal time.

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Here's how NHeLP is working to make health reform a reality:

- ✓ NHeLP has written numerous comments on proposed federal regulations addressing children. For example, see NHeLP's recent comments on Essential Health Benefits, Exchanges (establishment regulations), Medicaid eligibility, and Basic Health Plans, *http://www.healthlaw.org/index.php?option=com_content&view=article&id=501:health-reform-nhelp-comments&catid=51*.
- ✓ NHeLP has released a short paper focusing on children and Essential Health Benefits. See *Short Paper 7: The ACA and Essential Benefits for Children in the Exchanges*.
- ✓ NHeLP offers a podcast on *Streamlining Children's Eligibility and Enrollment Under PPACA*.

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#5 in a series of 6

5 Ways Health Reform Helps Individuals Get Insurance Coverage

1. **ALREADY IN PLACE: Consumer protections**
   The ACA has already required certain reforms to the private insurance market to protect consumers. Dependents up to the age of 26 may be included on their parents' insurance plans. Most insurance plans can no longer impose annual or lifetime dollar limits on health benefits. Insurers are restricted from rescinding policies once individuals are covered, except in cases of fraud or misrepresentation. Certain preventive health services must be provided without cost-sharing.

2. **ALREADY IN PLACE: Insurers can no longer deny coverage due to pre-existing conditions**
   Children with pre-existing conditions can no longer be excluded from coverage on their family's health insurance policy. Adults with pre-existing health conditions who have been uninsured for at least six months can qualify for a special Pre-existing Condition Insurance Plan (PCIP) available in all states. Beginning in 2014, no insurer will be allowed to deny health insurance to adults based on a pre-existing condition.

3. **COMING SOON: Insurance plans offered through Exchanges will cover Essential Health Benefits**
   Beginning in 2014, health insurance "Exchanges" operating in each state will serve as convenient, internet-accessible marketplaces where individuals, families and small employers can compare private health insurance options and enroll in qualified health plans. Policies sold through the Exchange will be required to include a wide range and level of health care services that have been determined to be "essential health benefits."

4. **COMING SOON: Reduction in cost and ease of enrollment**
   Beginning in 2014, individuals and families with incomes between 133 and 400% of the federal poverty level will be eligible to receive federal tax credits for health insurance premiums to make private health insurance much more affordable. In addition, subsidies will be available to reduce a family's cost-sharing expenses (copayments and deductibles) and annual cost-sharing limits. Federal funding is also available to states so that they can upgrade their computer systems to greatly simplify eligibility determinations and enrollment procedures.

5. **COMING SOON: Basic health plan**
   Beginning in 2014, states will have the option of offering a "basic health plan," funded mostly with federal money, to cover individuals whose family income is between 133 to 200% of the federal poverty level. These individuals and families might otherwise find it too expensive to purchase a private insurance policy. The basic health plan is intended to provide more coverage at a lower cost and/or additional benefits than that offered through the Exchange.

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Here's how NHeLP is working to make health reform a reality:

- ✓ NHeLP wrote a detailed analysis of the ACA when it was first enacted. Analysis available at: *http://www.healthlaw.org/index.php?option=com_content&view=article&id=456&Itemid=212*.
- ✓ NHeLP has analyzed and submitted comments on proposed federal regulations implementing the ACA, to ensure that maximum coverage will be available for low income persons and their rights will be protected as health reform is implemented. Comments available at *http://www.healthlaw.org/index.php?option=com_content&view=article&id=501:health-reform-nhelp-comments&catid=51*.

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5 Ways Health Reform Helps Address Disparities

1. **ALREADY IN PLACE: Prohibiting discrimination on the basis of race, color, national origin, gender, age, and disability**
   The ACA extended the nondiscrimination protections of Title VI, Title IX, Section 504 of the Rehabilitation Act and the Age Discrimination Act to all federal financial assistance (including credits, subsidies, and contracts of insurance), all programs administered by a federal agency, and any entity created under Title I of the ACA. The nondiscrimination protections also apply to the state Exchanges and the qualified health plans offering coverage.

2. **ALREADY IN PLACE: Requirements to collect demographic data**
   The ACA requires the collection of race, ethnicity, language, sex, and disability data in all HHS programs, activities and surveys, including capturing sufficient data to analyze by subgroups (such as breaking down "Asian" to subcategories including "Chinese", "Korean", etc.). In 2011, the Office of Minority Health released standards for collecting demographic data in national surveys, implementing these requirements. Further, all state Medicaid programs must utilize federal standards for collecting race and ethnicity data, and CHIP programs must begin collecting language data which federal regulations previously did not require.

3. **ALREADY IN PLACE: Language access requirements for limited English proficient (LEP) individuals**
   Over 25 million individuals – 9% of the population – speak English less than "very well" and likely need assistance in accessing healthcare. In addition to the nondiscrimination provision, the ACA explicitly requires culturally and linguistically appropriate services for providing notices of appeals, the Summary of Benefits and Coverage (SBC) and navigator programs. Additionally, qualified health plans participating in Exchanges must follow plain language requirements which include consideration of the needs of LEP consumers. Recent federal regulations set minimum thresholds for providing language services for notices and the SBC.

4. **ALREADY IN PLACE: Inclusion of the Office of Minority Health and Office of Women's Health in the HHS Office of the Secretary**
   Moving these offices within the HHS Secretary's Office raises the profile and focus on disparities and women's health at HHS, which will ensure greater agency-wide focus and coordination to address these issues. The ACA also created 6 new offices of minority health within HHS agencies and 3 offices of women's health.

5. **COMING SOON: Expansion of Medicaid**
   By expanding Medicaid coverage to an additional 17 million individuals, the ACA will significantly increase access to health care for people of color and underserved individuals. Of the total Medicaid enrollees in 2010, 29% were black, 27% were Hispanic and nearly 60% were women. Medicaid access will help address disparities experienced by these populations due to a lack of health care.

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- ✓ NHeLP has written numerous comments on proposed federal regulations addressing the nondiscrimination provision, language access and health disparities. For example, see NHeLP's recent comments on Essential Health Benefits, Exchanges (establishment and eligibility), Medicaid eligibility, Basic Health Plans, and appeals. *http://www.healthlaw.org/index.php?option=com_content&view=article&id=501:health-reform-nhelp-comments&catid=51*
- ✓ NHeLP has released three papers focusing on disparities:
  - *Short Paper 5: The ACA and Language Access*
  - *Short Paper 6: The ACA and Application of § 1557 and Title VI of the Civil Rights Act of 1964 to the Health Insurance Exchanges*
  - *Short Paper 9: The ACA and Health Disparities*