

Why the Affordable Care Act Matters for Women: Improving Care for Pregnant Women and New Parents

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The Affordable Care Act (ACA) is the greatest advance for women's health in a generation, and includes benefits that are critically important for pregnant women and new parents. Thanks to the ACA, most plans now ensure coverage for the health services expecting and new parents need. The law guarantees coverage for maternity services and provides support for eligible new parents once their child is born.

Guaranteed Coverage for Maternity Care

The ACA requires that all qualified health plans offered in the marketplace cover 10 essential health benefits, one of which is maternity and newborn care.¹ Prior to the ACA, few individual health plans provided any coverage for maternity care.²

While this expansion of coverage for maternity and newborn care provides significant health benefits for women and babies, the U.S. Department of Health and Human Services does not provide specific guidance on what services must be covered and instead defers to each state to choose a benchmark plan to guide coverage. Use of benchmark plans means that maternity coverage varies across states and is more comprehensive in some states than others.

To improve maternal and child care, all plans in all states should cover: preconception care; pregnancy-related counseling; prenatal care; midwifery services; enhanced coverage for high-risk pregnancies, pregnancy complications or other medical conditions that may complicate childbearing; labor and birth services in the setting of the woman's choosing; newborn care; postpartum care including contraceptive counseling and provision; prenatal and postpartum mental health screening and treatment; and breastfeeding support across all phases of care.³

Medicaid and Marketplace Coverage Options

There are multiple coverage options available that may be available to pregnant women. Most lower- and moderate-income pregnant women who do not have employer-provided insurance will choose between enrolling in Medicaid and purchasing a qualified health plan (QHP) in the marketplace.

Medicaid

Eligibility for Medicaid and the scope of Medicaid benefits may depend on a woman's income, the timing of her pregnancy and her state's Medicaid policies. Some lower-income women may qualify for Medicaid coverage based on their income alone. These women get coverage before pregnancy and continue their Medicaid coverage after maternity care ends. A pregnant woman who is eligible for Medicaid coverage because of her income will be eligible for coverage of most health care services.

Other lower-income women may become eligible for Medicaid *because* they are pregnant. A woman who is eligible for Medicaid coverage because she is pregnant may only be eligible for coverage of health care services related to her pregnancy and her eligibility for Medicaid coverage is generally time-limited. The scope of covered services for which she is eligible and the length of her Medicaid coverage vary from state to state.

Pregnant women who are eligible for Medicaid may enroll at any time. Many states have “presumptive eligibility” policies to limit delays in getting prenatal care. In addition, the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) created an eligibility category for pregnant women to receive health coverage through CHIP in certain circumstances. Under CHIPRA, states may provide necessary prenatal, delivery and 60-day postpartum care to lower-income, uninsured pregnant women through an amendment to the state's CHIP plan.⁴

Qualified Health Plans in the Marketplace

Pregnant women may also be eligible to purchase subsidized health insurance in the marketplace. Lower- and moderate-income women may be eligible for federal subsidies to help offset the cost of marketplace QHP premiums and the cost of accessing health care services. Eligibility for such subsidies is determined by income.

Lower- and moderate-income individuals and families with incomes between 100 and 400 percent of the federal poverty level (FPL) (up to \$47,520 for an individual and \$97,200 for a family of four⁵) may be eligible for premium tax credits to reduce the cost of their health insurance premium. In addition, individuals or families with incomes between 100 and 250 percent FPL (up to \$29,700 for an individual and \$60,750 for a family of four⁶) may be eligible for cost-sharing subsidies, which reduce the amount an individual must pay out-of-pocket for health care. Eligible individuals or families must enroll in a Silver-level plan to receive cost-sharing subsidies.

It is critical that women seeking to enroll in health coverage in the marketplace do so during an annual open enrollment period. A woman will not be able to purchase coverage outside of an open enrollment period because she is pregnant. Pregnancy does *not* qualify as cause for a special enrollment period, although having a baby does.⁷

Support and Care for Pregnant Women and New Parents

In addition to guaranteed coverage of maternity and newborn care, the ACA provides expecting and new parents with crucial support through a variety of programs and provisions, including:

- **Breastfeeding benefits.** The ACA requires most health insurance plans to cover, with no cost-sharing, breastfeeding counseling and supplies for nursing mothers. Coverage must

extend for the duration of breastfeeding.⁸ In addition, the ACA requires employers to provide employees who are nursing with reasonable break time and a place other than a bathroom to pump breast milk up to their child's first birthday.⁹

- ▶ **Support for a home visiting program.** The ACA provides support for a maternal, infant and early childhood home visiting program for those in at-risk communities. Currently, this program funds evidence-based efforts that, among other things, aim to improve maternal and child health. Eligible pregnant women and families take part in home visits with trained professionals who provide health, parenting and child development support and information.¹⁰
- ▶ **Expanded Medicaid access to important services.** Pregnant women enrolled in Medicaid have access to free tobacco cessation counseling, therapy¹¹ and care in freestanding birth centers.
- ▶ **Coverage of free preventive services.** The ACA requires most health insurance plans to cover preventive services without cost-sharing. These benefits include coverage of routine prenatal care, breastfeeding counseling and supplies, Rh (D) blood typing and antibody testing for pregnant women, folic acid supplementation, screening for gestational diabetes and contraceptive coverage.¹²

Selecting a Health Plan: Key Considerations for Pregnant Women

Pregnant women who are comparing coverage options should consider:

1. How comprehensive are the benefits offered by the plan? Does the plan limit the number of prenatal visits or prenatal services I can access? Does the plan restrict my access to home birth, birth center, doula or midwifery services? What diagnostic tests can I have done?
2. How high is my monthly premium? Will premium tax credits make a plan that covers expected prenatal, childbirth and postpartum care affordable?
3. What are my cost-sharing responsibilities? Does the plan have a high deductible? Is the copay affordable for my family? If my pregnancy spans two benefit years, will I be required to pay two deductibles?
4. How will my new baby gain health insurance coverage? How comprehensive are the pediatric benefits for my baby?
5. Does the plan cover all federally approved methods of contraception so I can prevent unintended pregnancy and have healthy birth spacing should I choose to have another child? Can I get my preferred method of contraception just after giving birth or during postpartum visits? Does my plan cover long-acting reversible contraceptives (LARCs)?
6. Does my plan cover abortion care, or does it only cover abortion care in the event of limited circumstances?

To learn more about having a healthy pregnancy and birth and making wise maternity care choices, please visit childbirthconnection.org.

1 U.S. Dept. of Health & Human Services. (2015, May). *The Affordable Care Act and Maternity Care*. Retrieved 2 September 2016, from <http://www.hhs.gov/healthcare/facts-and-features/fact-sheets/aca-and-maternity-care/index.html>

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- 2 National Women's Law Center. (2009). *Still Nowhere to Turn: Insurance Companies Treat Women Like a Pre-Existing Condition*. Retrieved 2 September 2016, from <https://nwl.org/wp-content/uploads/2015/08/stillnowheretoturn.pdf>
- 3 For more information see National Partnership for Women & Families. (2012). *Guidelines for States on Maternity Care in the Essential Health Benefits Package*. Retrieved 2 September 2016, from http://go.nationalpartnership.org/site/DocServer/REPRO_Guidelines_for_States_on_Maternity_Care7.30.12.pdf?docID=11181
- 4 U.S. Dept. of Health and Human Services, Center for Medicaid and State Operations. (2009, May). *Letter to State Health Officials*. Retrieved 12 October 2016, from: <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SHO051109.pdf>
- 5 Families USA. (2016, February). *Federal Poverty Guidelines*. Retrieved 2 September 2016, from <http://familiesusa.org/product/federal-poverty-guidelines>
- 6 Families USA. (2016, February). *Federal Poverty Guidelines*. Retrieved 2 September 2016, from <http://familiesusa.org/product/federal-poverty-guidelines>
- 7 Healthcare.gov. (2016). *Enrolling in or changing 2016 coverage with a Special Enrollment Period*. Retrieved 12 October 2016, from <https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/>
- 8 U.S. Centers for Medicare & Medicaid Services. *Health benefits & coverage, Breastfeeding benefits*. Retrieved 2 September 2016, from <https://www.healthcare.gov/coverage/breast-feeding-benefits/>
- 9 U.S. Dept. of Labor, Wage and Hour Division. (2010, March). *Section 7(r) of the Fair Labor Standards Act – Break Time for Nursing Mothers Provision*. Retrieved 2 September 2016, from http://www.dol.gov/whd/nursingmothers/Sec7rFLSA_btnm.htm. Note: This requirement applies to employees who are not exempt from Section 7 of the Fair Labor Standards Act. Employers with fewer than 50 employees are exempt from this requirement if it would impose an undue hardship.
- 10 U.S. Dept. of Health & Human Services, HRSA. (2016, July). *Home Visiting*. Retrieved 2 September 2016, from <http://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting>
- 11 U.S. Centers for Medicare & Medicaid Services. *Benefits*. Retrieved 2 September 2016, from <https://www.medicare.gov/affordablecareact/provisions/benefits.html>
- 12 U.S. Dept. of Health & Human Services. (2015, May). *The Affordable Care Act and Maternity Care*. Retrieved 2 September 2016, from <http://www.hhs.gov/healthcare/facts-and-features/fact-sheets/aca-and-maternity-care/index.html>

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, access to quality health care and policies that help women and men meet the dual demands of work and family. More information is available at www.NationalPartnership.org.
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