



Prevention and The Affordable Care Act: Benefits to Women

Women are more likely than men to need health care services, especially in their reproductive years, and are often the sole medical decision-maker for their families.¹ They have unique needs and have high rates of chronic disease, including diabetes, heart disease and stroke, which are mostly preventable. Under the Affordable Care Act, women's preventive health care – such as mammograms, screenings for cervical cancer, prenatal care, and other services – is covered with no cost sharing. As of September 23, 2010, women who enrolled in a new health plan are able to access comprehensive coverage and cost savings that will address not only poor health outcomes, but also their quality of life. Also, under the law, health insurance companies can no longer charge women more than men for the same coverage.

Investing In Prevention for Women

- The new Prevention and Public Health Fund (Fund) will invest \$16.5 billion dollars over the next ten years in effective programs proven to prevent disease and injury. For women, the Fund means investing in community-based prevention and wellness activities that address the health impact of many chronic diseases, such as diabetes and heart disease. The Fund will finance programs that promote health and wellness in local communities and will focus on effective prevention efforts, such as increased physical activity, improved nutrition and tobacco cessation.
- The Fund will also support clinical prevention activities, which will be used to increase access to critical wellness and preventive health services. The fiscal year 2011 allocations for the Fund specifically target access to preventive health services that all women and their families can benefit from. This includes:
 - \$100 million to expand immunization services; and,
 - \$10 million to incentivize employer participation in wellness programs.

Preventing Heart Disease, Obesity, Smoking and Controlling Cancer

Women will have access to a host of free preventive services, such as screenings for obesity, cardiovascular disease, tobacco cessation programs, and mammograms. Because of the Affordable Care Act, these services will not incur any cost-sharing, co-payments, co-insurance, or a deductible, if provided by an in-network provider. This new coverage will increase the ability for women to prevent and control disease, which can improve not only their overall health status, but also the health of their families and communities. Examples of preventive services in the Affordable Care Act that can create a healthier future for women are:

- Screenings for obesity, blood pressure, high cholesterol, and diabetes offered by new health plans and Medicare without out of pocket costs. Cancer prevention tools such as the annual mammograms for women over 40, regular Pap smears to screen for cervical cancer and young

¹ S. R. Collins, S.D. Rustgi, and M.M. Doty, *Realizing Health Reform's Potential: Women and the Affordable Care Act of 2010*. New York: The Commonwealth Fund, May 2009. Accessed March 8, 2011
http://www.commonwealthfund.org/~media/Files/Publications/Issue%20Brief/2010/Jul/1429_Collins_Women_ACA_brief.pdf

women's breast health awareness and support. If 90 percent of women 40 and older received breast cancer screenings, 3,700 lives would be saved annually.²

- Immunizations like the annual flu vaccine and coverage for the Human Papilloma Virus (HPV) vaccine that can prevent cases of cervical cancer.
- Counseling for preventing sexually transmitted infections, including HIV, and screenings for newly-insured younger women and other women at higher risk. Starting in 2014, the Affordable Care Act requires that insurance policies cover "Essential Health Benefits" in order to participate in the State Exchanges. While the list of benefits range from emergency services to vision care, those that are specific to women include maternity and newborn care, pediatric services, prescription care and laboratory services, prevention and wellness services and chronic disease management.

Pregnant Women and Mothers

There is a growing body of evidence documenting the links between maternal health conditions, such as obesity and chronic diseases, and increased risks before, during and after birth.³ Under the Affordable Care Act, pregnant women are able to receive the same preventive services as all other adults, but will also have access to those specific to pregnancy such as screening for iron deficiency, hepatitis B, and Rh incompatibility. Other prevention interventions that will be available are:

- Counseling to quit smoking, avoid alcohol use and support breast-feeding to ensure women have a healthy pregnancy. As of 2011, states will be required to provide Medicaid coverage for tobacco cessation for pregnant women and the law prohibits cost-sharing for these services.
- Employers will be required to provide reasonable break times for nursing mothers and a place, other than a bathroom, to express breast milk. Employees must be allowed such breaks for up to one year after their child's birth.
- Mothers will have access to regular well-baby and well-child visits without any out-of-pocket costs.

Women and Wellness

Under ACA, women who are Medicare beneficiaries now have access to free routine "wellness visits" that provide a new opportunity for increased education and counseling. These annual wellness visits will promote interventions that can reduce the number of obesity-related chronic diseases, such as type 2 diabetes, heart disease and stroke, and cancer in women. Medicare-eligible women also now have access to personalized prevention plan services and zero cost-sharing for certain preventive services.

² Partnership for Prevention, *A National Profile on Use, Disparities, and Health Benefits*. Washington, D.C., August 2007. Accessed March 8, 2011 <http://www.prevent.org/data/files/initiatives/ncpppreventivecarereport.pdf>

³ Trust for America's Health. *Healthy Women: The Path to Healthy Babies, The Case for Preconception Care*. Washington, D.C.: TFAH, 2008.