Impact of Health Care Reform on Reproductive Service Providers

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The Affordable Care Act affects access to reproductive services in many ways. Beginning in 2014 many individuals will purchase health insurance through the State Insurance Exchanges being drawn to this market by the affordable coverage made even more so by premium subsidies available to lower income individuals. The plans being offered through these exchanges must provide coverage that meets the benefits as defined under the Essential Health Benefits. However, it still remains unclear how Essential Health Benefits will be described and specifically what, if any, reproductive services will be included. Beyond the exchanges low income individuals will have access to the expansion in Medicaid occurring in many states starting also in 2014. Each state Medicaid program is responsible for describing their extent of coverage for reproductive services. Already in place affecting many younger individuals in need of reproductive services is the Dependent 26 provision, which provides coverage to dependents up to the age of 26 under a guardian's insurance. These provisions of the Affordable Care Act may increase access to reproductive services for many individuals previously uninsured or underinsured. (J Reprod Med 2013;58: 3–6)

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While one might not expect reproductive services to be affected by health care reform, there are several changes that will affect these services. Some impact has already been felt as a result of provisions currently in effect. There are two principle areas of concern for reproductive services within the Affordable Care Act (ACA).[1] The changes involve coverage as defined by the essential benefits as well as sections that deal directly with providing insurance for the uninsured.

Reproductive service providers are not immune to the effects of health care reform.

Essential Services

Under the ACA the Department of Health and Human Services has the task of defining essential services. These definitions will set the precedent for all benefits offered through insurance exchanges. The insurance exchanges are places where, starting in 2014, many of the currently uninsured or underinsured people will turn for coverage. For insurance companies to participate in the exchanges, they must offer coverage that meets a minimum standard.

Under consideration for inclusion within the essential services are reproductive services, although the exact offering has yet to be determined. The Institute of Medicine released its report "Essential Health Benefits: Balancing Coverage and Costs"[2] on October 7, 2011. As the Department of Health

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and Human Services outlines the specific coverage requirements for the Essential Health Benefits, they will draw upon the Institute of Medicine report.

While the Institute of Medicine did not make specific recommendations, they described the extent of infertility and assisted reproduction services among a representation of plans and State mandates across the country (Table I). As noted in Table I the coverage for infertility and assisted reproduction services is not reported as being widespread, although coverage through to the point of diagnosis is fairly well accepted while assisted reproductive services tends to be excluded.

If the services offered by reproductive service providers are not included in the essential services, people participating in the insurance exchange will not be the only ones affected. Instead, in states where a mandate exists for reproductive services covering all insurances offered in that state, the state will have to choose whether or not to continue these mandates or drop them for all plans. If the state chooses to continue the reproductive services mandate, it will become responsible for the cost of the services for residents obtaining insurance through insurance exchanges. Given the current financial woes of many states, they may choose to drop their mandated coverage for reproductive services rather than pay for this extra coverage for those participating in the insurance exchanges. Again, the elimination of such a state mandate would apply not only to those participating in the insurance exchange but all insurances offered in that state. This situation may require reproductive service providers to proactively lobby the Institute of Medicine and Department of Health and Human Services for inclusion within the essential services. Once these organizations release their versions of the essential services, it will be unlikely that major changes will occur. At that point, reproductive service providers will have to prepare for the backlash.

Access to Insurance for Currently Uninsured Individuals

Within the sections dealing with access to insurance for the uninsured, there are 3 areas affecting reproductive services. These areas include Section 2714—Continued Eligibility of Children Until Age 26 ("Dependent 26" provision), Medicaid expansions, and subsidies offered through insurance exchanges.

"Dependent 26" Provision

Starting in September 2010 the "Dependent 26" provision allows dependents up to the age of 26 to be covered under a parent's or guardian's insurance. This provision applies to health insurance companies that currently cover children on their parents' plans. Plans must make the same coverage (i.e.,

Table I *Institute of Medicine*

	Wellpoint Anthem Blue Standard		UnitedHealth Care		CIGNA	
Category	**Small group employer plan**	**Individual benefit plan**	**Small group employer plan**	**Individual benefit plan**	**Small group employer plan**	**Individual benefit plan**
Infertility and assisted reproduction services	Covered by most plans to diagnose and to treat underlying cause		Covered through to the point of diagnosis	Excluded	Excluded	
Evaluation by specialist	Covered by some plans as required by mandates		Assisted reproductive services excluded	Excluded	Excluded	
Drug therapy	Covered by some plans as required by mandates		Excluded		Excluded	
Artificial insemination	Covered by some plans as required by mandates		Excluded		Excluded	
in Vitro fertilization	Covered by some plans as required by mandates		Excluded		Excluded	
Advanced reproductive procedures	Covered by some plans as required by mandates		Excluded		Excluded	

Adapted from Ulmer C, Ball J, McGlynn E, Hamdounia SB: Essential Health Benefits: Balancing Coverage and Costs. Institute of Medicine, National Academies Press, 2011.

same benefits at the same price) available to these children until they turn 26 years of age, at which point they can obtain Consolidated Omnibus Budget Reconciliation Act (COBRA)[3] if needed.

Coverage must be provided even if the child

- no longer lives with the parents
- is not a dependent on the parents' income tax returns
- is no longer a student
- gets married.

Young adults can have access to typically comprehensive health insurance for little or no additional expense to their parents or guardians. To take advantage of this provision, young adults must first get approval of their parent or guardian. They must follow the enrollment rules of their insurance plan, which may limit entry to an open enrollment period. Even with such restrictions, the provision may offer a reasonable approach to coverage for some young adults seeking reproductive services.

Medicaid Expansions

Reproductive service providers who care for low-income individuals under ACA will see their patient base start to expand. Starting in 2014 Medicaid eligibility under ACA will increase to 133% of the poverty level for all nonelderly individuals. It had been estimated that this provision would add 17 million Americans to Medicaid, but the Supreme Court ruling has made this expansion now at the discretion of each state, and several have said they will not move forward. The goal of this expansion is to ensure that people obtain affordable health care in the most efficient and appropriate manner. States will receive increased federal funding to cover 100% of these new populations for the first 5 years of the program's expansion. In 2020 federal coverage will decrease to 90%, and states will be responsible for covering the difference.

Subsidies Offered Through Insurance Exchanges

Also beginning in 2014, all U.S. citizens and legal residents must purchase some form of health insurance or run the risk of receiving a fine. The insurance they purchase must meet the essential service offering. If individuals or families fail to meet this requirement, they will face penalties. The fines increase every year, starting at $95 in 2014, increasing to $325 in 2015, and becoming $695 in 2016 (or up to 2.5% of income in 2016), up to a cap of the national average bronze plan premium. Families will pay half the amount for children, up to a cap of $2,250 per family.

New state or regional health insurance exchanges will be established to assist individuals needing insurance coverage. At the very least, coverage offered by these exchanges will include the services listed under the essential benefit offerings. With

Mercer 2009				
Large employers	Small employers	All employers	State mandated benefit	Maryland's standard health benefit plan requirement for small businesses
58%	34%	51%	In a few states	Covered after diagnosis of infertility
53%	29%			
35%	20%			
24%	9%			
23%	9%			
12%	3%			

subsidies and penalties, the exchanges are anticipated to provide coverage to an estimated 21 million Americans, many of whom will be women in need of reproductive services.

Other Provisions

Of course, there are other provisions that may impact reproductive practices. Some involve small businesses, which will have increased requirements around insurance offerings for employees, including subsequent penalties for failure to provide such options. Also, these small businesses may have the opportunity to become included in larger Accountable Care Organizations with reproductive services as part of their offerings. A final consideration would be the reimbursement for practices involved in Medicaid work that utilize electronic health records and that meet the meaningful use standards.

Conclusion

In the end reproductive service providers will be best served by understanding to what extent their services will be covered in the state in which they practice and by how many potential individuals. This could bring hundreds of new individuals into one's practice for reproductive services . . . reproductive services that are now available as a result of the ACA. Beginning in 2014 many individuals will purchase health insurance through the State Insurance Exchanges being drawn to this market by the affordable coverage made even more so by premium subsidies available to lower income individuals.

The plans being offered through these exchanges must provide coverage that meets the benefits as defined under the Essential Health Benefits. However, it still remains unclear how Essential Health Benefits will be described and specifically what, if any, reproductive services will be included. Beyond the exchanges, low-income individuals will have access to the expansion in Medicaid occurring in many states starting also in 2014. Each state Medicaid program is responsible for describing their extent of coverage for reproductive services. Already in place affecting many younger individuals in need of reproductive services is the Dependent 26 provision, which provides coverage to dependents up to the age of 26 under a guardian's insurance. As a result these provisions of the ACA may likely significantly increase access to reproductive services for many individuals previously uninsured or underinsured and thus change forever the practice for reproductive services.

References

1. H. R. 3590 Patient Protection and Affordable Care Act
2. Ulmer C, Ball J, McGlynn E, Hamdounia SB: Essential Health Benefits: Balancing Coverage and Costs. Institute of Medicine, National Academies Press, 2011
3. Consolidated Omnibus Budget Reconciliation Act (COBRA)