



CONTRACEPTION IS PREVENTION BIRTH CONTROL AND THE NEW HEALTH CARE LAW PUBLIC FUNDING FACT SHEET SERIES

Q: Why is The Women's Health Amendment important to Latinas?

A: The new health care law has provisions that will mean greater access for many Latinas, especially low-income Latinas. The Women's Health Amendment (WHA) is a component of health care reform that was passed in March. It ensures that beyond receiving insurance coverage for the prevention of illness and disease, women can no longer be denied basic preventive services that could help stop an illness before it starts. Before the WHA, women could be denied coverage for having a C-section, for being above a certain age, or even for being women. The WHA ensures that those denials are no longer allowed. Women will not be forced to use these preventive services, such as mammograms, but they will be there for a woman if she and her doctor decide that she needs them.

The Department of Health and Human Services is currently deciding the rules about what preventative care and screenings for women look like under the new health care law. This is important because insurance companies will be required to offer preventive health care services free of charge.

NLIRH advocates that contraception be covered as a preventative service under the WHA. If birth control services, supplies and visits are included as basic, preventative care, it will help Latinas, who are disproportionately poor, access the full range of family planning services.

Q: Why should birth control be specifically included in family planning services under the new health care law?

A: While many of us believe that family planning and preventive care for women naturally includes birth control, that assumption is not clear in the law as written. The law requires "preventive services" to be covered as part of family planning, but it does not specify which services are included. Therefore, the National Latina Institute for Reproductive Health believes that it is very important for Latinas and women everywhere to demand that the U.S. Department of Health and Human Services clarify "preventive services" to include birth control. Our research shows that Latinas want the full range of birth control options available to them, from the birth control pill to condoms to IUD's (intrauterine devices). In order for these options to be available under the new law, the U.S. Department of Health and Human Services must clarify that "preventive services" includes birth control.



Q: Where else is preventative care included in the new health care law?

A. There are a few different places where prevention is emphasized in the new law, which is why it is so important that prevention is defined early on to include family planning and birth control.

Next year, pregnant women who are on Medicaid must be provided smoking cessation counseling and drug therapy and will get free annual physicals. Also, starting in 2014, employers may offer discounts on your premium and other incentives (from 30 to 50 percent) if workers participate in wellness programs and meet health targets.

There is also a new Prevention and Public Health Fund. Starting this year, the fund will provide money for community-based and clinical prevention efforts, strengthen public health infrastructure, improving research and data collection and bolstering the training of public health and primary care professionals.

Q: I am already covered by insurance offered by my employer. Will I get free birth control under the new health care law?

A: That depends on two things: 1) whether your employer's insurance is included in the list of "grandfathered" insurance plans; and if so, 2) whether your employer's insurance currently covers birth control. "Grandfathered" insurance plans are a list of major employer-provided insurance plans, such as Blue Cross Blue Shield, that will remain untouched by the new health care reform regulations as long as they maintain certain things. For example, a grandfathered plan cannot cut benefits, but it can add benefits.

- ☼ If your employer-provided insurance currently covers birth control AND that plan is grandfathered in, your coverage should remain the same. Since maintaining benefits is not prohibited in grandfathered plans, *you may still have to pay a co-pay or deductible for birth control.*
- ☼ If your employer-provided insurance does not cover birth control and it is grandfathered in, you will only get birth control coverage if the insurer chooses to add it. Since adding benefits is not prohibited in grandfathered plans, *you may still have to pay a co-pay or deductible for birth control.*
- ☼ If your employer-provided insurance does not cover birth control and it is grandfathered in, and the insurer does not choose to add it, you will remain uncovered for this service. You can try going to your local community health center to see if they will provide birth control at low or no costs.
- ☼ If your employer-provided insurance cuts benefits or raises premiums significantly, the plan will no longer qualify for grandfathered status. At this point, the plan **MUST** cover preventative services at no cost sharing. If birth control is included as a preventative service under the WHA, *you will NOT have to pay for birth control.*



Q: If I am covered by Medicaid or Medicare, will I get free birth control under the new health care law?

A: Yes. The Centers for Medicare and Medicaid Services (CMS) recently issued its guidance on what family planning should include. Fortunately, CMS included in the full range of “family planning services and supplies,” which we understand to include birth control, at no cost-sharing. Additionally, if you are not covered by Medicaid or Medicare at this time, you may become eligible for that coverage as a result of the expansion of Medicaid and Medicare under the new health care law to include younger people and people above the poverty line (up to a certain point).

Q: If I am a recent immigrant, can I access the services under the new health care law?

A: It depends on how long you’ve been here and whether you have documentation. Sadly, undocumented immigrants are excluded from the new law and are not eligible for coverage. The same goes for legal permanent residents who have had a green card for less than or equal to five years – these green card-holders will not be eligible for Medicaid or Medicare coverage. After five years, legal permanent residents with a green card can access services. All U.S. citizens (born or naturalized) can access services.

Recently, the directors of Medicare, Medicaid, and CHIP (the Children’s Health Insurance Program) decided that under the new law, states can remove that five-year ban for pregnant women with green cards and “lawfully residing” children. The definition of “lawfully residing” is still in question, but this new decision by the directors will probably bring health insurance to about 250,000 children.

The directors also said that new funding will be given to states who want to provide bilingual services to pregnant women and children, which is also a great thing for immigrants who can access health care under the new law.

Q: What is the process now for the Women’s Health Amendment? How can I follow what’s going on? And what’s next?

A: The new health care law will be implemented in stages. Preventative care is one of the earliest to go into effect. It will begin September 23. At that point, new plans, and plans that make changes must start to offer preventative care. For those covered by Medicare, the upgrades will go into effect on January 1.

Since the preventative care provision will go into effect so soon, the government is deciding whether birth control will be covered under the new health care law *as we speak*. Now is the time for action! Call your representatives to ensure that birth control is covered under the new health care law. The Latina Institute is here to support you, so let us know how we can help!