

Why the Affordable Care Act Matters for Women: Improving Health Care for Older Women

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Access to affordable, quality health care is central to older women's quality of life and economic security. The good news is that if you are a woman 65 years of age or older, you have a lot to gain from the Affordable Care Act (ACA). The health reform law expands access to important preventive health care to keep you healthy, begins to close the costly "donut hole" in Medicare Part D prescription drug coverage, ensures greater coordination of health care services, and provides new support for family caregivers.

Filling Gaps in Prevention

Before the ACA, there were notable gaps in Medicare coverage. Annual wellness visits were not covered, and some preventive benefits such as mammograms, clinical breast exams, bone density tests, and visits for Pap tests and pelvic exams required 20 percent coinsurance – a financial barrier for many older, lower-income women.

The ACA expands access to important preventive services.

- ▶ Beginning in 2011, Medicare beneficiaries became eligible for annual wellness check-ups without any co-pays. This includes time for a health care provider to conduct a comprehensive health risk assessment and create a personalized prevention plan.
- ▶ And whether the patient is a Medicare beneficiary or purchases private health insurance, services such as annual mammograms and cervical cancer screenings no longer have copays.

Closing the "Donut Hole"

Medicare beneficiaries who use the Part D drug benefit pay 25 percent of the cost of their prescription drugs – after paying their deductible – and Medicare covers the remainder until their total annual cost exceeds \$2,840.

Why the ACA Matters for Women Fact Sheets

- ▶ [Summary of Key Provisions \(pdf\)](#)
- ▶ [Expanding Access to Health Insurance \(pdf\)](#)
- ▶ [Affordability and Choice in the Insurance Marketplace \(pdf\)](#)
- ▶ [Improving Health Care for Older Women \(pdf\)](#)
- ▶ [Improving Health Coverage for Lower-Income Women \(pdf\)](#)
- ▶ [Better Care for Pregnant Women and Mothers \(pdf\)](#)
- ▶ [Expanding Medicaid Family Planning Services \(pdf\)](#)
- ▶ [Preserving Access to Women's Health Clinics \(pdf\)](#)
- ▶ [Coverage of Women's Preventive Services, Including Contraception \(pdf\)](#)
- ▶ [Comprehensive Sex Education for Teens \(pdf\)](#)
- ▶ [Restrictions on Abortion Coverage \(pdf\)](#)

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At this point, beneficiaries may fall into the “donut hole” – that gap in coverage where Medicare pays nothing. Beneficiaries must pay the full cost of their drugs until they have personally spent a total of \$4,700 out-of-pocket.¹ After they hit this “catastrophic” cap, beneficiaries only have to pay either 5 percent of the cost of their drugs or a pre-determined lower copay.² About 16 percent of Medicare beneficiaries reach the donut hole each year. Older women, in addition to people with diabetes and Alzheimer’s disease, are the most likely to end up in the donut hole.³

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The ACA begins to close the Medicare “donut hole,” saving women millions of dollars.

- ▶ Beginning last year, beneficiaries got 50 percent off brand name drugs when they reached the “donut hole.”
- ▶ By 2020, the donut hole will be closed, and beneficiaries will only have to cover 25 percent of the cost of their drugs until they hit the catastrophic cap, after which they will only have to pay 5 percent.

Improving Care Coordination

At present, the health care system is not providing comprehensive, coordinated, quality care – a particular problem for women, who are more likely to suffer from multiple chronic conditions.⁴

The ACA creates new ways for health care services to be delivered.

- ▶ The Affordable Care Act created the Center for Medicare & Medicaid Innovation to test, evaluate and rapidly expand new care delivery models that improve quality and care coordination. These include the Patient-Centered Medical Home and Home-Based Primary Care.
- ▶ The ACA also encourages the use of health information technology in these models to help improve care coordination and reduce medical errors.
- ▶ If evidence shows that these new care delivery models foster patient-centered care, improve the quality of care patients receive, and reduce costs, the Innovation Center will be able to expand the model broadly across Medicare.
- ▶ More attention and resources will also go to making sure older women are safe when they transition from a hospital to home or another facility. The new law funds hospitals and community-based groups to provide transitional care services to high-risk Medicare beneficiaries to help make these transitions smoother and safer.

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- ▶ Hospitals will have their payments reduced and have to publicly report “excess” readmissions that often result from poor coordination and failure to communicate effectively with patients and caregivers.

Support for Family Caregivers

Many older women are caregivers to spouses, other relatives or friends who are also suffering from one or more chronic health conditions.⁵ While helping in this way can be tremendously fulfilling, caregivers often suffer physical and psychological strain as a result of caregiving, and are at risk of becoming patients themselves due to the physical and mental health effects of caregiving.⁶

The ACA provides long-overdue assistance to families caring for their loved ones.

- ▶ The Affordable Care Act establishes Geriatric Education Centers (GECs) to support training in geriatrics, chronic care management, and long-term care for family caregivers, as well as health professionals and direct care workers.
- ▶ The GECs are required to train family caregivers at minimal or no charge and to incorporate mental health and dementia best care practices into their curricula.

1 \$4,770 is the 2012 yearly out-of-pocket spending limit.

2 Blum, J. (2010, August 9). What is the Donut Hole? Retrieved March 15, 2011, from <http://www.healthcare.gov/news/blog/donuthole.html>

3 Ettner, S. L. (2010, March 9). “Entering and Exiting the Medicare Part D Coverage Gap: Role of Comorbidities and Demographics.” *Journal of General Internal Medicine*, 25(6), 568–74.

4 Kaiser Family Foundation Women’s Health Policy Program. (2009, June). Medicare’s Role for Women: Fact Sheet. Retrieved March 15, 2011 from <http://www.kff.org/womenshealth/upload/7913.pdf>

5 Anderson, G. (2007). Chartbook, Chronic Conditions: Making the Case for Ongoing Care. Johns Hopkins University. Retrieved October 1, 2009, from http://www.fightchronicdisease.org/news/pfcd/documents/ChronicCareChartbook_FINAL.pdf

6 Kelly, K., Reinhard, S. A., & Danso-Brooks, A. (2008, September). State of the Science: Professional Partners Supporting Family Caregivers (Executive Summary). Supplement in: *American Journal of Nursing*, 108(9) Retrieved March 15, 2011 from http://www.nursingcenter.com/library/JournalArticle.asp?Article_ID=815768

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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