

# HEALTH REFORM UPDATE



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Greetings,

...3...2...1...**LAUNCH!** Many provisions of the Affordable Care Act are already in effect, but it is now time to launch the major components of the law that are [predicted](#) to expand coverage to 25 million uninsured Americans over the next 10 years.

For content and resources that public health professionals can use to help educate their communities about the coming changes, and for information and updates on other ACA implementation topics, read on!

## Marketplace launch: Consumer education resources

The ACA's Health Insurance Marketplace officially opens Oct. 1, and consumers will be able to shop for and enroll in coverage that will begin as early as Jan. 1. Expansions of Medicaid coverage in many states and new consumer protections will also go into effect Jan. 1.

Unfortunately, most Americans still don't understand how the ACA can benefit them or what the marketplace is and how to use it. A massive consumer education effort is underway, and public health practitioners can play an important role in this effort.

In recent issues of this newsletter, APHA has been sharing resources and information to assist public health practitioners in their consumer education efforts. **Now, we have compiled it all into a guide:** [The Affordable Care Act's Health Insurance Marketplace: Consumer Education Resources for Public Health Practitioners](#). It contains information and links to share with consumers, plus links to partner resources like fact sheets and educational presentations.

## September 2013

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### **Stay informed!**

APHA provides relevant and timely resources to our members and the public health community.

## Understanding premium cost estimates

As some consumers prepare to purchase coverage in the Health Insurance Marketplace, they — and those who want to help them find answers — may be confused by the wide range in cost estimates released by some states in recent months. Following are some resources that can provide some answers:

- State Refor(u)m has been tracking [what is known so far](#) as states announce what plans might cost in their marketplaces.
- Writers for the Health Affairs Blog evaluated rate announcements to date in [Premium Rate Variation in Exchanges Is An Eye Opener](#) (Aug. 7) and offered possible explanations for the varying estimates.
- Kaiser Health News' Julie Appleby's [Five Things to Know About Obamacare Premiums: A Guide For The Perplexed](#) (Aug. 1) can also help consumers understand premium costs beyond the actual dollar amounts.
- More recently, [a September report from the Kaiser Family Foundation](#) analyzed estimated premium costs for the [rating area](#) of the largest city in 17 states and the District of Columbia, and found that premiums in 15 of the 18 rating areas are expected to be lower than [estimated by the Congressional Budget Office](#).
- Just days ago, [HHS released a report on the estimated premium rates](#) that will be available in the 36 states in which the Federal government will fully or partially run the marketplace.

Until all the rates are officially available on Oct. 1 on Healthcare.gov, consumers can use a [cost and savings calculator](#) created by Kaiser Family Foundation to estimate their costs and their eligibility for subsidies.

## Factors affecting consumer costs

There are several factors that can affect premium rates, including [geographic rating area](#), age, family size, smoking status and [level of cost-sharing](#). What consumers pay will also depend on their eligibility for premium tax credits.

Although the ACA does not allow insurers to vary premium rates based on gender or pre-existing conditions, it does allow for a premium surcharge of up to 50 percent on tobacco users unless they enroll in a tobacco cessation program. [This provision is controversial](#): Although some argue that the tobacco surcharges are meant to help cover the extra health care costs incurred by smoking, others point out that the higher costs could put more strain on those already struggling to afford health care. Low-income individuals will be especially affected by this surcharge because “tobacco disproportionately targets low-income communities,” according to APHA Executive Director Georges Benjamin, MD.

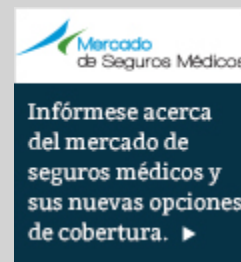
[Visit newsletters to sign up](#) for other updates on careers in public health, emergency preparedness and more.

## Take our health reform resources survey

[We'd love to hear from you](#) as we continue to expand and improve our health reform resources.

## Marketplace links

Get these and other [badges](#) and [widgets](#) for your newsletter or website.



## Consumer education resources

**NEW resource guide:** [The Affordable Care Act's Health Insurance Marketplace: Consumer Education Resources for Public Health Practitioners](#) (APHA, September 2013)

**NEW interactive tool:** [Find Local Help](#) (in Spanish)

Another factor affecting premium costs is the level of cost-sharing a consumer chooses. Bronze, silver, gold and platinum plans will be available in each marketplace. While bronze plans will have the cheapest premiums, they will also [only cover an average of 60 percent of medical expenses, compared to 90 percent at the platinum level](#). Premium tax credits are available toward all plans.

Eligibility for these tax credits may influence a consumer's premium cost. Those earning up to 400 percent of the [federal poverty line](#) will benefit from a cap on their premium rates. This cap sets a standard for the percentage of an individual's income that a silver plan premium should cost, [ranging from 2 percent to 9.5 percent depending on income](#). If a silver plan costs more than that certain percent of income, a tax credit will make up the difference. For more information, see:

- Appleby's [Deciphering The Health Law's Subsidies For Premiums](#) (July 24),
- [Premium Tax Credits](#) (*Health Affairs*, Aug. 1),
- and [Advance Premium Tax Credits and Cost-Sharing Reductions: A Primer for Assistors](#), from the State Health Reform Assistance Network, released in August.
- The marketplace website Healthcare.gov also offers information for consumers on [qualifying for lower costs](#).

## ACA coverage expansions and health disparities

There is great potential for decreasing health disparities for those who will be newly eligible for Medicaid and other coverage expansions in 2014. One group that could benefit is low-income mothers and babies. Medicaid paid for nearly half of the 3.8 million births in the United States in 2010 — an amount that has been rising over time, according to [a new report](#) published in the September 2013 issue of the peer-reviewed journal *Women's Health Issues*. Currently, Medicaid only covers care costs for women from the time they become pregnant to 60 days after giving birth. Improved access to well-woman benefits can help low-income women — in many cases for the first time — be able to access health care before a pregnancy starts and between pregnancies. Previous research suggests that such services could improve the health of mothers-to-be and lead to better health outcomes for babies.

Certain health disparities between black and white women could be decreased through Medicaid and other coverage expansions. According to [a recent study](#) published in the *Journal of the American Medical Association* and discussed by the Network for Public Health Law, the median survival time for black women after breast cancer diagnosis is three years shorter than it is for white women, mostly due to more advanced disease at the time of diagnosis. Black women experience later diagnosis due to less frequent primary care visits and cancer screenings. Fortunately, the ACA requires insurance companies to cover [certain preventive services](#) without cost-sharing, including regular mammograms, BRCA (breast cancer genes) testing and counseling for women at a higher risk for breast cancer. As noted by Erin Armstrong of the Network for Public Health Law, "While we know that many structural

**Website:** [Health Insurance Marketplace Partner Resources](#) (Including training presentations, consumer fact sheets and more) (Centers for Medicare and Medicaid Services)

**Web page:** [Health Insurance Marketplace: Communication Toolkit for Health Agencies](#) (CDC Office for State, Tribal, Local and Territorial Support)

## State implementation tracking tools

[State Decisions on Health Insurance Exchanges and the Medicaid Expansion, as of Sept. 16, 2013](#) (Kaiser Family Foundation, Sept. 16)

[State Approaches to Consumer Assistance Training](#) (State Reform, updated Sept. 23)

[State Innovation Model Testing Awards](#) (State Reform, updated Sept. 23)

## Other highlighted resources

**Graphic:** [Medicaid Expansion and Health Insurance Marketplaces: One Map that Tells the Whole Story](#) (Health Reform GPS, Sept. 17)

**Interactive maps:** [Zooming in on Health Reform: Understanding the Potential Impact of the ACA on Medicaid and the Uninsured at the Local Level](#) (Kaiser Family Foundation and the Urban Institute, July 2013)

**Commentary:** [How Affordable Care Act Requirements May Help Address Health Disparities](#) (The Network for Public Health Law, Aug. 27)

barriers and social factors contribute to and exacerbate health disparities, coverage of preventive health care without cost-sharing is a huge step toward ensuring that all of us have meaningful access to the services that we need to stay healthy and detect disease early.”

## Remaining coverage gaps

While the ACA will expand coverage to millions of uninsured individuals and families starting in 2014, the health reform law will not accomplish universal coverage. In 2012, the Supreme Court made the ACA's Medicaid expansion [effectively optional](#) for states, and [as of Sept. 16](#), 25 states and the District of Columbia have opted in while 22 are not currently planning to expand and three are undecided. In states that have opted out, residents earning less than 100 percent of the [federal poverty line](#) are in a difficult position: since the ACA intended for these individuals to be covered by Medicaid, they are not eligible for federal tax subsidies for marketplace insurance plans. The infographic below from the State Health Reform Assistance Network provides a good summary of how coverage is intended to work under the ACA, and the potential gaps in access to affordable coverage that will exist in states that don't expand Medicaid. An [analysis by the Urban Institute](#) and [an infographic by the Kaiser Family Foundation](#) provide more information about who stands to be covered — or left out — of states' Medicaid expansions.



(Click image to view the full document)

Even if the law's coverage expansions were fully implemented, the ACA would not reach everyone. Some consumers will be able to opt out of the [requirement to obtain coverage](#) and [some will be left out](#), including non-citizens, incarcerated people and those who have not received adequate guidance on how to obtain coverage. While the law is predicted to expand coverage to 25 million individuals by 2023, an estimated 31 million will remain uninsured, [according to the latest CBO estimates](#).

## Health departments and health reform

Besides the launch of the Health Insurance Marketplace, what else do public health practitioners, particularly those working at health departments, need to know about the ACA? A number of resources are available:

- On Sept. 17, APHA hosted a webinar, “ACA Delivery Reforms and Public Health: What's the Connection?” Four experts joined APHA to explain Accountable Care Organizations and their variations, discuss other transformation efforts such as those occurring via State Innovation Model grants and consider implications and opportunities for public health. [View the archived webinar](#) at APHA's website.

**Research brief:** [The Affordable Care Act and Adolescents](#) (HHS Office of the Assistant Secretary for Planning and Evaluation in conjunction with the HHS Office of Adolescent Health, August 2013) (also see accompanying [infographic](#))

**Article:** [Medicaid Expansion: Chronically Homeless Adults Will Need Targeted Enrollment And Access To A Broad Range Of Services](#) (Jack Tsai et. al, Health Affairs, September 2013)

**Web page:** [Affordable Care Act Resources for Small Businesses](#) (Small Business Administration and Small Business Majority)

**Web portal:** [Registration for Technical Assistance Portal \(REGTAP\)](#) (CMS)

**Twitter feeds:** [Health Insurance Exchange](#) (Twitter accounts for the Affordable Care Act health insurance marketplaces) (Jeffrey Young, Huffington Post)

## Upcoming events

[NASHP's 26th Annual State Health Policy Conference](#)  
Oct. 9-11: Seattle  
National Academy for State Health Policy

[Health Policy Orientation](#)  
Oct. 28-31: Washington, D.C.  
AcademyHealth

[APHA's 141st Annual Meeting](#)  
Nov. 2-6: Boston  
American Public Health Association  
[Register now](#)  
[Guide to ACA Sessions](#)

- The Centers for Disease Control and Prevention's Office for State, Tribal, Local, and Territorial Support has created a Web page of [resources for health departments related to health system transformation](#). Recently archived webinars and other materials provide an overview of health care financing and delivery, "with an emphasis on how they affect state, tribal, local and territorial health agencies."
- The Network for Public Health Law recently shared a new issue brief, "[Opportunities for Local Health Departments in the Affordable Care Act](#)". It summarizes grant opportunities like the Prevention and Public Health Fund and the Healthy Aging, Living Well program; opportunities to increase integration with organizations providing clinical services; and more.

## New regulations and guidance

An important part of implementing the ACA is the federal rulemaking process, in which executive agencies issue guidance and invite public comment on the details of how the law will work. New ACA regulations are often issued by the departments of Health and Human Services, Labor and Treasury.

In July, the U.S. Department of Health and Human Services released a final rule on [Medicaid essential health benefits](#). One notable aspect of this rule is that it maintains the proposed [expanded definition of preventive services](#) that state Medicaid programs may cover: "services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under state law to: (1) prevent disease, disability and other health conditions or their progression; (2) prolong life; and (3) promote physical and mental health and efficiency." This is an expanded definition because Medicaid programs can now cover services *recommended by* licensed practitioners, not just provided by them. This may offer new opportunities for reimbursement for community preventive services, or for services by non-licensed providers, as long as they are recommended. The Network for Public Health Law [also notes](#) that this final rule confirms that individuals newly eligible for Medicaid in 2014 can receive the same no-cost preventive services that most private insurance enrollees already enjoy under the ACA. Read further analysis from [Health Reform GPS](#) or the [National Alliance of State and Territorial AIDS Directors](#).

Other recently released guidance includes:

- a proposed rule on [Basic Health Programs](#),
- a final rule on [Medicaid Disproportionate Share Hospital payment reductions](#),
- a notice on [National Standards for Culturally and Linguistically Appropriate Services, or CLAS](#), and
- a [request for information on the ACA's nondiscrimination provision](#).

## Upcoming webinars

[The Economic Implications of Medicaid Expansion for North Carolina](#)

Oct. 1 or Oct. 3, 2 p.m. EDT  
Regional Economic Models Inc.

[How the Meaningful Use Policy for Health Information Technology is Being Implemented: Lessons from the Field](#)

Oct. 10, 2 p.m. EDT  
AcademyHealth and the Commonwealth Fund

## Webinar catch-up

[ACA delivery reforms and public health: What's the connection?](#)

Sept. 17: APHA

[All Hands on Deck: State Plans for Consumer Assistance](#)

Sept. 11: State Refor(u)m

[Connecting the Two Worlds: States Integrating Primary and Behavioral Health Care](#)

Aug. 29: National Academy for State Health Policy

[Affordable Care Act and Minority Health](#)

July 26: National Conference of State Legislatures

## Health reform headlines

[County health departments brace for cuts](#) (Lynn Graebner, California Health Report, Sept. 19)

[FAQ: Obamacare and coverage for immigrants](#) (Julie Appleby, Kaiser Health News, Sept. 19)

[Blame Obamacare confusion on old system](#): (John Seffrin and Jim Guest, USA Today, Sept. 17)



To see other recent rules and for more information about rulemaking, visit [APHA's ACA Implementation Web page](#).

## APHA's health reform news coverage

APHA's *Public Health Newswire* provides daily coverage of public health news and *The Nation's Health* is APHA's monthly newspaper. Both often cover health reform implementation topics that have implications for the public health system or population health outcomes. Check out these recent articles:

- [How the ACA teams public health with health care](#) (*Public Health Newswire*, Sept. 18)
- [CT screenings offer new hope for preventing lung cancer deaths](#) (*Public Health Newswire*, Sept. 11)
- [Individual mandate more critical to coverage than employer mandate](#) (*The Nation's Health*, September issue, restricted access)

## Health reform sessions at the APHA Annual Meeting

At APHA's [141st Annual Meeting](#) Nov. 2-6 in Boston, at least 50 sessions will feature health reform content. For example:

- [ACA navigators and assistors: Opportunities for public health](#) will explore the ACA's consumer assistance programs and their implications for the public health system.
- [Public health system transformation under the Affordable Care Act](#) will address delivery reform and health system innovation efforts and their implications for public health.

For more information, check out this [Guide to Health Reform Sessions](#) or browse the [online program](#).

[Many states with few insured citizens aren't expanding Medicaid under Obamacare](#) (Niraj Chokshi, The Washington Post, Sept. 17)

[HHS awards Affordable Care Act funds for new health care delivery sites](#) (HHS Press Office, Sept. 13)

[Florida's ACA navigators get banned from county health offices](#) (The Advisory Board Company, Sept. 13)

[With Obamacare near, what's in store for workers](#) (Brett Norman, Politico, Sept. 9)

[Amid health law expansion, some states trim Medicaid rolls](#) (Phil Galewitz, Kaiser Health News, Aug. 18)

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