CONNECTICUT VOICES FOR CHILDREN

National Health Insurance Reform: New Opportunities for Coverage for Connecticut Women

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June 2011

The federal Patient Protection and Affordable Care Act of 2010 (ACA)[1] includes provisions that have both immediate and long-term benefits for women. In 2008, approximately 17 million women ages 19 to 64 – about 18 percent of that population – were without health insurance nationwide.[2] The ACA was enacted by Congress in response to the need for high quality, affordable coverage for all Americans.

Historically, Connecticut's health care system has been ranked as one of the strongest in the US. Since 1993, a combination of health indicators have placed Connecticut in the top ten of all states in overall health rankings, placing fourth in the nation in 2010.[3] Women's health in Connecticut also tends to be better than women's health nationwide.[4] Yet, problems remain. Like women nationwide, Connecticut women face gender discrimination in regard to the extent and cost of their insurance coverage. Between 2008 and 2009, approximately 12 percent of women in the state ages 18 to 64 had no health insurance coverage at all.[5]

Women use health care at a greater rate than men, in part due to reproductive health needs and a higher prevalence of chronic conditions.[6] As a result, they are more likely to struggle with medical bills and debt and to forego care because of costs.[7] The ACA addresses these issues by improving the accessibility and affordability of health care for women in Connecticut and nationwide.

The Affordable Care Act will increase Connecticut women's access to health insurance by expanding Medicaid eligibility. Beginning in January 2014, most adults under the age of 65 in households with income up to 133 percent of the federal poverty level (FPL)[8] will be eligible for Medicaid services.[9] Previously, adults qualified in one of just four eligibility categories: pregnant women, parents or other caretaker relatives of dependent children, the elderly poor, or persons with disabilities.[10] The ACA eliminates essentially all categorical eligibility for low-income, non-elderly adults on Medicaid with income below 133 percent FPL.

In Connecticut, parents of children from birth to 19 in households earning up to 185 percent FPL are currently eligible for coverage in the HUSKY Program (Medicaid).[11] However, childless adults in Connecticut are eligible only if their income is less than 56 percent FPL. Thus, the expansion of Medicaid to 133 percent FPL represents a substantial increase in health care coverage for low income adults.[12] It is estimated that the expansion will create a 20.1 percent increase in Connecticut Medicaid enrollment by 2019.[13]

Although this expansion of Medicaid presents an opportunity for many adults nationwide, it could have unintended consequences in Connecticut. The state could choose to cut back the current eligibility level for parents in the HUSKY program to the lower federal level. If income eligibility levels are decreased from 185 percent FPL to 133 percent FPL, parents may[will] find themselves paying more for health care coverage.

Additionally, the ACA enables states to more easily expand family planning services to people with incomes up to 185 percent FPL who are not eligible for Medicaid.[14] The Connecticut legislature recently authorized the state Department of Social Services to

submit a Medicaid state plan amendment which would implement this expansion in Connecticut.[15] This change in policy will help many Connecticut women access needed family planning services.

Beginning in 2014, partially subsidized coverage will be available to individuals and families with incomes up to 400 percent FPL who buy health coverage through new state health insurance exchanges. These exchanges offer plans with standard, comprehensive benefits, which can be purchased at several levels of cost-sharing and with various tax credits. These plans will also include caps on out-of-pocket spending.[16] An estimated 83,000 women in the state will be eligible for health insurance subsidies.[17]

Young adults will also benefit from expanded coverage. They may qualify for expanded coverage under Medicaid or for subsidized coverage through a health insurance exchange. They can also remain on their parents' insurance plans until age 26, a reform measure that Connecticut had implemented in 2009 for individual and group health plans covered by state insurance laws.[18] The ACA further benefits young adults in Connecticut by expanding this coverage to young adults who are married or live out-of-state, and including self-insured employer health plans.[19] An estimated 9,000 young adults in the state will benefit from this change in policy.[20] Young women in particular should benefit, given that health insurance is often particularly expensive for them due to higher premiums based on their age and gender.[21]

The Affordable Care Act benefits Connecticut women by reducing gender discrimination through prohibition of gender ratings in certain health insurance markets. Currently, insurance plans utilize "gender ratings" to determine premium levels, i.e., charging individual women and small businesses with predominantly female employees significantly higher premiums than those charged for men or predominantly male employee groups.[22] Typically, these higher premiums do not include coverage for maternity care.[23]

As of March 2010, only thirteen states had banned gender rating in the individual insurance market, and only fourteen states had banned this practice in the small group market.[24] Connecticut is not one of these states. A national study of gender rating in 2009 showed that one best-selling plan in the Connecticut individual insurance market charged 25-year-old women 42 percent more than the premium charged for 25-year-old men.[25] As a result of the ACA, gender rating will be prohibited in both the individual and small-group insurance markets in 2014, helping to make health care more affordable for women in Connecticut.[26]

The Affordable Care Act prohibits insurance carriers from denying coverage based on preexisting conditions, further reducing gender discrimination. Women are often denied coverage for a wide variety of health issues unique to being women, including pregnancy, breast or cervical cancer, having had a previous cesarean section, and having been a victim of domestic or sexual violence.[27] As of January 2014, insurance companies will be prohibited from denying coverage based on these or other preexisting conditions, such as mental illness or a chronic health condition.[28]

Furthermore, insurers will be prohibited from cancelling or retroactively rescinding coverage for preexisting or gender-specific conditions, unless an individual committed fraud or intentionally misrepresented a fact to gain coverage.[29] This change will help to ensure that women do not lose health insurance when they become ill.

Connecticut residents now have access to health insurance even if coverage has been rescinded or denied due to illness or preexisting conditions. Temporary Preexisting Condition Insurance Plans (PCIPs) are available in every state for people who have been uninsured for at least six months and have a health problem.[30] These plans are intended as a temporary measure to help people access health care until 2014, when insurance companies will be prohibited from denying coverage based on preexisting conditions.

Connecticut has maintained a similar program since 1976 (known as "the state high-risk pool"),[31] but has also created a new program in response to the requirements of the ACA.[32] The new "Connecticut Preexisting Condition Insurance Plan" began accepting applications in August 2010.[33] Monthly premiums vary by age group, rather than income level,[34] and range from $242.66 for a child to $893.00 for those 65 and older.[35] Annual maximum out-of-pocket costs for in-network services (not including premiums) are capped at $4,250 per individual and

$8,500 per family.[36] These relatively high costs create barriers to enrollment.[37] As of June 2011, there are just 70 people enrolled in this new program.[38]

The Affordable Care Act expands coverage and reduces discrimination while improving access to crucial health services. Prior to health care reform, many women lacked access to essential health insurance coverage. For example, a 2009 study indicated that only 2 percent of best-selling health plans purchased in the individual market in Connecticut offered coverage for maternity care, far lower than the nationwide rate (13%).[39] Plans that did offer coverage were often expensive or limited in scope.[40] Ensuring coverage for maternity care is arguably important for all women and society as a whole. Every child who is born benefits from his or her mother having a healthy pregnancy.

Beginning in 2014, insurance plans for individuals and small businesses, as well as those sold through the state health exchanges, will be required to cover a comprehensive set of "essential health benefits," many of which directly benefit women. [41] By requiring essential benefits, including maternity coverage, women will no longer be underinsured. All insurance plans will be required to cover maternity and newborn care, hospitalization, emergency care, prescription drugs, pediatric services, and chronic disease management, and other essential services.[42] Specific details about these benefits and the extent of required coverage will be determined by the U.S. Secretary of Health and Human Services in 2011.[43] One source of controversy about the essential benefits package has been whether or not contraception and family planning services will be included..[44]

Plans must also cover preventive and wellness services that reduce health costs by promoting good health for women and their families. Connecticut and federal law already prohibit co-payments for preventive services for children covered under Medicaid and CHIP.[45] As of 2011, the ACA eliminated co-payments and deductibles for a wide variety of preventive services in Medicare and the individual and group markets as well.[46] Federal financial incentives will be provided to states to limit cost-sharing for preventive services under Medicaid.[47] At present, Connecticut's Medicaid program has no co-payments for preventive services for adults.

Many of these newly covered preventive services benefit women, including breast, cervical, and colorectal cancer screenings; sexually transmitted infection screenings; immunizations; osteoporosis, blood pressure, and cholesterol screenings; alcohol, obesity, and tobacco counseling and interventions; and depression screening.[48] Additionally, family planning services and contraception could potentially be covered as preventive services.[49] These measures are likely to improve the health of women and reduce or mitigate the effects of preventable diseases with early detection.[50] For example, in 2005, the most recent year for which national data are available, 22.5 percent of women who had recently given birth reported having smoked before, during or after pregnancy.[51] Funding for smoking cessation treatments will help improve the health of these women and their children. As a result of the ACA, Connecticut now covers smoking cessation treatments for pregnant women under Medicaid.[52]

Health care reform includes many benefits for women, but may restrict access to abortion services. Under the ACA, abortion coverage cannot be required as a component of the essential benefits package offered by plans in state health insurance exchanges. Additionally, state exchanges must offer at least one plan that *does not* include abortion coverage.[53]

Federal funds may only be used for abortions in cases of pregnancies that endanger the life of the mother or are a result of rape or incest. Private, state, or local funds may be used to pay for abortions not permitted by federal law.[54] In Connecticut, the state supreme court has held that the state Medicaid program must use state dollars to pay for all abortions certified as medically necessary and medically appropriate, not just those abortions covered under federal law. In addition, the state attorney general has concluded that this requirement applies to the HUSKY program.[55]

If a plan in a state exchange decides to offer abortion coverage as an additional benefit, it must segregate the funding streams involved in payment for that service. Insurers offering abortion coverage as part of their health insurance plans must charge enrolled individuals two premiums – one for abortion coverage, and the other for all other health care coverage.[56] This additional layer of bureaucracy has the potential to deter individuals from purchasing abortion coverage and/or dissuade health plans from offering it, potentially limiting women's access to

abortion services.[57] Furthermore, given the fact that few women anticipate having an abortion, it seems unlikely that many women will purchase abortion coverage in advance of an unintended or mistimed pregnancy.

Overall the Affordable Care Act supports women's health. In addition to the expansion of coverage, increased affordability, and elimination of discriminatory practices mentioned above, the Act:

- Prohibits lifetime and annual limits on coverage;[58]
- Gradually reduces the Medicare prescription "donut hole" until 2020, when the hole will be eliminated and all prescriptions after the initial Medicare deductible will have a coinsurance rate of 25 percent until the out-of-pocket spending limit is reached, disproportionately benefiting women, who tend to live longer than men;[59]
- Establishes a national insurance program for purchasing community living assistance services and supports (CLASS), helping to alleviate burdens on family caregivers, who are typically women;[60]
- Requires states offering a benchmark benefit plan through Medicaid to include coverage of family planning services;[61]
- Provides $75 million a year for evidence-based sex education for young men and women;[62]
- Allows coverage for freestanding birth centers;[63]
- Increases Medicare reimbursement rates for nurse midwives;[64]
- Mandates that employers with at least 50 employees allow breastfeeding mothers breaks and provide a private space (not a bathroom), so that mothers may express milk;[65]
- Requires coverage of basic pediatric services, as well as children's oral and vision services, helping mothers promote the health of their children and allowing children to enter their adult lives in better health;[66] and
- Establishes offices to monitor, research, and coordinate activities pertaining to women's health at several major federal agencies.[67]

Effective implementation of the Affordable Care Act is crucial to the improvement of women's health. As debate over health care reform continues in Congress and in the nation's courts, advocates should monitor any proposed changes and seek improvements in certain areas, such as contraception and abortion coverage. Careful study of implementation will also be needed to ensure that women receive maximum benefit from these reforms. The ACA represents an unprecedented chance to improve health care for thousands of women in Connecticut and millions of women across the nation.

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[1] Patient Protection and Affordable Care Act, P.L. 111-148, as amended by the Health Care and Education Reconciliation Act., P.L. 111-152.

[2] Note that this number is a 2008 estimation. *See* Sara R. Collins, Sheila D. Rustgi, and Michelle M. Doty, "Realizing Health Reform's Potential: Women and the Affordable Care Act of 2010," *The Commonwealth Fund* (July 2010), 8; *see also* Judy Waxman and Lisa Codispoti, "The New Health Reform Law: What Does It Mean for Women," *National Women's Law Center* [Webinar] (April 8, 2010).

[3] *See* "Connecticut (2010)," *America's Health Rankings* (2010) (available at http://www.americashealthrankings.org/yearcompare/2009/2010/CT.aspx).

[4] *See* "Women's Health: Facts At-a-Glance: Connecticut and US," *The Henry J. Kaiser Family Foundation* (2011) (available at http://www.statehealthfacts.org/comparecat.jsp?cat=10&rgn=8&rgn=1).

[5] This 12 percent estimation for Connecticut is based on a slightly different range of ages than the national estimation. The Connecticut figure looks at women ages 18 to 64, while the national figure looks at women ages 19 to 64. Note also that the statewide figure is a 2008-2009 estimation, while the national figure is a 2008 estimation. *See* "Impact of Health Reform on Women's Access to Coverage and Care," *The Henry J. Kaiser Family Foundation* (December 2010), 9.

[6] *See* "Women's Access to Coverage and Care," 1-3; *see also* Sharon K. Long, Karen Stockley, Lauren Birchfield, and Shanna Schulman, "The Impacts of Health Reform on Health Insurance Coverage and Health Care Access, Use, and Affordability for Women in Massachusetts," *The Urban Institute and the Blue Cross Blue Shield of Massachusetts Foundation* (June 2010), 2; *and see also* Cara V. James, Alina Salganicoff, Megan Thomas, Usha Ranji, Marsha Lillie-Blanton, and Roberta Wyn, "Putting Women's Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State Level," *The Henry J. Kaiser Family Foundation* (June 2009) ,1 (available at http://www.kff.org/minorityhealth/upload/7886.pdf).

[7] *See* "Women's Access to Coverage and Care," 1-3; *see also* Long, Stockley, Birchfield, and Schulman, "Health Insurance Coverage and Health Care Access, Use, and Affordability for Women in Massachusetts," 2.

[8] The federal poverty level is determined by poverty guidelines issued by the US Department of Health and Human Services. The guidelines are issued each year for use for administrative purposes, including the determination of financial eligibility for certain federal programs. *See* "The 2009 HHS Poverty Guidelines: One Version of the [U.S.] Federal Poverty Measure," *U.S. Department of Health and Human Services* (February 3, 2011) (available at http://aspe.hhs.gov/poverty/09poverty.shtml). The 2011 federal poverty level is listed as $10,890 for an individual and $22,350 for a family of four. *For more information about the 2011 federal poverty levels, see* "Annual Update of the HHS Poverty Guidelines," *U.S. Department of Health and Human Services* (January

18, 2011) (available at http://aspe.hhs.gov/poverty/11fedreg.shtml).
[9] *See* Collins, Rustgi, and Doty, "Women and the Affordable Care Act," 2; *see also* "Women and Health Care Reform At-a-Glance," *National Women's Law Center* (April 1, 2010), 1.
[10] *See* "Women's Access to Coverage and Care," 4.
[11] Parents of children from birth to 19 with incomes higher than 185 percent FPL may be eligible for Connecticut's Charter Oak Health Plan, which include premiums and other cost-sharing measures. *For more information about the HUSKY program, see* www.huskyhealth.com. *For more information about the Charter Oak Health Plan, see* http://www.charteroakhealthplan.com/coh/site/default.asp.
[12] *See* **"**Connecticut: Income Eligibility Limits for Working Adults at Application as a Percent of the Federal Poverty Level (FPL) by Scope of Benefit Package, January 2011," The Kaiser Family Foundation (available at http://www.statehealthfacts.org/profileind.jsp?rep=54&cat=4&rgn=8).
[13] *See* Collins, Rustgi, and Doty, "Women and the Affordable Care Act," 2; *see also* **"**Connecticut: Medicaid Expansion to 133 percent of Federal Poverty Level (FPL): Estimated Increase in Enrollment and Spending Relative to Baseline by 2019," *The Henry J. Kaiser Family Foundation* (available at http://www.statehealthfacts.org/comparereport.jsp?rep=68&cat=4).
[14] *See* "Women's Access to Coverage and Care," 6.
[15] The Connecticut Department of Social Services reported this information at the June 17, 2011 meeting of the Connecticut Medicaid Care Management Oversight Council (MCMOC). The Department of Social Services will provide an update on the status of the Medicaid state plan amendment at the July 8, 2011 meeting of the MCMOC.
[16] *See* Collins, Rustgi, and Doty, "Women and the Affordable Care Act," 10; *see also* Waxman and Codispoti, "What Does It Mean for Women;" *see also* "Summary of New Health Reform Law," *The Henry J. Kaiser Family Foundation* (March 2010), 1-2 (available at http://www.kff.org/healthreform/upload/8061.pdf); *and see also* "Women and Health Care Reform At-a-Glance," 1.
[17] *See* "Repealing the Affordable Care Act will Hurt Women in Connecticut," *National Women's Law Center* (January 2011), 2 (available at http://www.nwlc.org/sites/default/files/pdfs/connecticut_0.pdf); *see also* Melinda Tuhus, "So Long, Donut Hole," *New Haven Independent* (March 22, 2010) (available at http://newhavenindependent.org/index.php/archives/entry/what_federal_health_reform_means_for_connecticut_residents/id_24725).
[18] *For further information regarding new health care opportunities for young adults under the Affordable Care Act, see* "National Health Insurance Reform: New Opportunities for Coverage for Young Adults," *Connecticut Voices for Children* (September 2010) (available at http://www.ctkidslink.org/publications/h10youngadultcoverage.pdf).
[19] Ibid., 1. *For more information about Connecticut's dependent health insurance coverage laws before reform, see* George Coppolo, "Dependent Health Insurance Coverage," *Connecticut Office of Legislative Research* (June 2008) (available at http://www.hract.org/hra/Brochures/brochures.htm).
[20] *See* "The Affordable Care Act: Immediate Benefits for Connecticut," *The White House* (2010), 1 (available at http://www.whitehouse.gov/files/documents/health-reform-states/affordable-care-act-immediate-benefits-ct.pdf).
[21] *See* "New Opportunities for Coverage for Young Adults," 1.
[22] *See* "Women's Access to Coverage and Care," 3; *see also* Collins, Rustgi, and Doty, "Women and the Affordable Care Act," 1, 3, 9; *see also* Waxman and Codispoti, "What Does It Mean for Women;" *and see also*, Denise Grady, "Overhaul Will Lower the Costs of Being a Woman," *The New York Times* (March 29, 2010). *For more information about gender rating practices, see* "Still Nowhere to Turn: Insurance Companies Treat Women Like a Preexisting Condition," *National Women's Law Center* (2009).
[23] *See* Collins, Rustgi, and Doty, "Women and the Affordable Care Act," 1.
[24] *See* "Still Nowhere to Turn," 8, 14-15; *see also* Kelli Garcia, "New Mexico Bans Gender Rating," *National Women's Law Center* (March 10, 2010) (available at http://www.nwlc.org/our-blog/new-mexico-bans-gender-rating); *and see also* Kelli Garcia, "Colorado Gender Rating Ban to be Signed into Law," *National Women's Law Center* (March 26, 2010) (available at http://www.nwlc.org/our-blog/colorado-gender-rating-ban-be-signed-law).
[25] *See* "Still Nowhere to Turn," 16.
[26] Note that premiums are still able to reflect differences in age (but cannot vary by more than a 3:1 ratio), tobacco use, family composition, geography, and participation in a health promotion program. *See* Waxman and Codispoti, "What Does It Mean for Women;" *see also* "Women's Access to Coverage and Care," 3; *and see also* Collins, Rustgi, and Doty, "Women and the Affordable Care Act," 9.
[27] *See* "Women's Access to Coverage and Care," 3; *see also* "Women and Health Care Reform At-a-Glance," 1; *see also* Collins, Rustgi, and Doty, "Women and the Affordable Care Act," 3; *and see also* Tuhus, "So Long, Donut Hole."
[28] *See* "Women's Access to Coverage and Care," 3; *see also* "Women and Health Care Reform At-a-Glance," 1; *and see also* Collins, Rustgi, and Doty, "Women and the Affordable Care Act," 3.
[29] *See* Collins, Rustgi, and Doty, "Women and the Affordable Care Act," 6.
[30] Ibid., 7.
[31] *See* Tanya Schwartz, "Medicaid and the Uninsured: State High-Risk Pools: An Overview," *The Henry J. Kaiser Family Foundation* (January 2010), 1. *For more information about Connecticut's high-risk pool program developed prior to the ACA, see* "2011 Enrollment Criteria," *Health Reinsurance Association* (2011) (available at http://www.hract.org/hra/Brochures/brochures.htm).
[32] *See* Schwartz, "State High-Risk Pools," 1.
[33] *See* "Governor Rell Tells Federal Government State Will Create Temporary High Risk Pool," *Connecticut Department of Social Services* (July 2010), 3 (available at http://www.ct.gov/dss/lib/dss/pdfs/govrelltemphigh-riskpoolprogramwbackgroundbullets7202010.pdf).
[34] *See* "Connecticut Preexisting Condition Insurance Plan: Applications Now Available," *Connecticut Department of Social Services* (May 2011) (available at http://www.ct.gov/dss/cwp/view.asp?a=2345&q=463668).
[35] *See* "Connecticut Preexisting Condition Insurance Plan: Benefits and Out-of-Pocket Costs," *Connecticut Department of*

Social Services (May 2011), 4 (available at http://www.ct.gov/dss/lib/dss/pdfs/ctpcip/benefitsoutofpocketcosts.pdf).
[36] Ibid., 1.
[37] *See* Schwartz, "State High-Risk Pools," 5.
[38] "HUSKY, Charter Oak & CTPCIP Programs Update," *ACS, Inc.* Information reported to the Connecticut Medicaid Care Management Oversight Council at its June 17, 2011 meeting.
[39] *See* "Still Nowhere to Turn," 18, Table 3.
[40] Ibid., 5.
[41] *See* Waxman and Codispoti, "What Does It Mean for Women;" *see also* Collins, Rustgi, and Doty, "Women and the Affordable Care Act," 3, 9-10; *and see also* "Women's Access to Coverage and Care," 4.
[42] *See* Waxman and Codispoti, "What Does It Mean for Women;" *see also* Collins, Rustgi, and Doty, "Women and the Affordable Care Act," 3, 9-10; *and see also* "Women's Access to Coverage and Care," 4.
[43] *See* "Women's Access to Coverage and Care," 4; *see also* "Essential Health Benefits," *U.S. Department of Health and Human Services* (2011) (available at http://www.healthcare.gov/glossary/e/essential.html).
[44] *See* "Women's Access to Coverage and Care," 6; *see also* Robert Pear, "Officials Consider Requiring Insurers to Offer Free Contraceptives," *The New York Times* (February 3, 2011), A20.
[45] *See* Connecticut General Statutes Section 17b-261(i): "The Commissioner of Social Services shall provide Early and Periodic Screening, Diagnostic and Treatment program services, as required and defined as of December 31, 2005, by 42 USC 1396a(a)(43), 42 USC 1396d(r) and 42 USC 1396d(a)(4)(B) and applicable federal regulations, to all persons who are under the age of twenty-one and otherwise eligible for medical assistance under this section." This statute codified the protections in federal law that pre-dates the Deficit Reduction Act of 2005 which allows the imposition of cost-sharing for certain services on children. *See also* Sharon Langer, "Testimony Regarding S.B. 1013: An Act Concerning Implementing the Governor's Budget Recommendations Concerning Human Services; H.B. 6550: An Act Concerning Medicaid Coverage for Smoking Cessation Treatment; H.B. 6587: An Act Concerning the Department of Social Services' Establishment of a Basic Health Program," *Connecticut Voices for Children* (March 2011), 1 (available at http://cga.ct.gov/2011/HSdata/Tmy/2011HB-06587-R000315-Connecticut%20Voices%20for%20Children-TMY.PDF).
[46] *See* "Women's Access to Coverage and Care," 5; s*ee also* "Health Reform for American Women: The Affordable Care Act Gives Women Greater Control Over Their Own Health Care," *The White House*, 2 (available at http://www.whitehouse.gov/files/documents/health_reform_for_women.pdf).
[47] *See* "Women's Access to Coverage and Care," 5.
[48] Ibid., 5; *see also* Collins, Rustgi, and Doty, "Women and the Affordable Care Act," 7-8.
[49] *See* "Women's Access to Coverage and Care," 6; *see also* Robert Pear, "Officials Consider Requiring Insurers to Offer Free Contraceptives," *The New York Times* (February 3, 2011), A20.
[50] *See* "Women's Access to Coverage and Care," 5; *see also* Collins, Rustgi, and Doty, "Women and the Affordable Care Act," 7-8.
[51] *See* Van T. Tong, Jaime R. Jones, Patricia M. Dietz, Denise D'Angelo, and Jennifer M. Bombard, "Trends in Smoking Before, During, and After Pregnancy – Pregnancy Risk Assessment Monitoring System (PRAMS): United States, 31 Sites, 2001-2005, *Morbidity and Mortality Weekly Report* (May 29, 2009), 1-29.
[52] *See* Mary Alice Lee, "National Health Insurance Reform: Medicaid Coverage to Help Pregnant Women Stop Smoking," *Connecticut Voices for Children* (September 2010), (available at http://ctkidslink.org/publications/h10smokingcessation.pdf). Currently, children are eligible for smoking cessation under Medicaid as well. As of January 2012, all adults in Connecticut's Medicaid program will be eligible for smoking cessation services. *See* "An Act Concerning the Bureau of Rehabilitative Services and Implementation of Provisions of the Budget concerning Human Services and Public Health," Public Act 11-44, Sections 106-107. The Act was signed by Governor Malloy on June 13, 2011.
[53] *See* "Women's Access to Coverage and Care," 7.
[54] Ibid., 7; *see also* Waxman and Codispoti, "What Does It Mean for Women;" *and see also* "Women and Health Care Reform At-a-Glance," 1-2. *For more information about the effects of the Affordable Care Act on access to abortion coverage, see* "Access to Abortion Coverage and Health Care Reform," *The Henry J. Kaiser Family Foundation* (November 2010) (available at http://www.kff.org/healthreform/upload/8021.pdf).
[55] *See* Robert Cohen, "State Payment for Abortions," *Connecticut Office of Legislative Research* (March 2010).
[56] *See* "Pre-Regulatory Model Guidelines Under Section 1303 of the Affordable Care Act," *The White House* (September 2010), 2 (available at http://www.whitehouse.gov/sites/default/files/omb/assets/financial_pdf/segregation_2010-09-20.pdf); *see also* "Women's Access to Coverage and Care," 7; *see also* Waxman and Codispoti, "What Does It Mean for Women;" *and see also* "Women and Health Care Reform At-a-Glance," 1-2. *For more information about the effects of the Affordable Care Act on access to abortion coverage, see* "Access to Abortion Coverage and Health Care Reform."
[57] *See* "Women's Access to Coverage and Care," 7; *see also* Waxman and Codispoti, "What Does It Mean for Women;" *and see also* "Women and Health Care Reform At-a-Glance," 1-2. *For more information about the effects of the Affordable Care Act on access to abortion coverage, see* "Access to Abortion Coverage and Health Care Reform."
[58] The ban on lifetime limits is to begin in 2010, while the ban on annual limits is to be phased-in between 2010 and 2014. The ban on annual limits will apply only to "essential health benefits," as defined by the U.S. Department of Health and Human Services. *See* "Women's Access to Coverage and Care," 2, 4-6; *see also* Waxman and Codispoti, "What Does It Mean for Women."
[59] The phased-in reduction will be initiated in 2010 with a $250 rebate to Medicare beneficiaries who reach the donut hole. *See* "Health Reform for American Women," 1; *see also* "Women's Access to Coverage and Care," 7; *and see also* Collins, Rustgi, and Doty, "Women and the Affordable Care Act," 8. *For more information about the donut hole, see* Jonathan Blum, "What is the Donut Hole?," *The Medicare* (August 9, 2010) (available at http://blog.medicare.gov/category/affordable-care-act/).
[60] *See* "Women's Access to Coverage and Care," 8; *see also* "Women and Health Care Reform At-a-Glance," 2.
[61] *See* "Women's Access to Coverage and Care," 6.
[62] Ibid., 7.

[63] *See* Waxman and Codispoti, "What Does It Mean for Women;" *see also* "Women's Access to Coverage and Care," 6.
[64] *See* "Women's Access to Coverage and Care," 6.
[65] Ibid., 6.
[66] All new health plans will be required to provide coverage of basic pediatric services, as well as children's oral and vision needs, starting in 2014. *See* "Health Reform for American Women," 2.
[67] *See* "Women's Access to Coverage and Care," 8.