Background: Under the Patient Protection and Affordable Care Act, essential benefits must be included in all health insurance coverage plans.

ACNM Position/Policy: ACNM supports the inclusion of maternity and newborn care as essential benefits in any comprehensive health insurance plan.

Summary of Provision(s): The essential health benefit package requirements are established in Section 1302 of the Act. The Secretary of Health and Human Services has the authority to define the essential health benefits, except that such benefits shall include at least the following general categories and the items and services covered within the categories:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care

The Secretary will ensure that the scope of the essential health benefits is equal to the scope of benefits provided under a typical employer-sponsored plan, as determined by the Secretary. To inform the determination of what constitutes a typical employer-sponsored plan, the Secretary of Labor will conduct and report on a survey of employer-sponsored coverage to determine the benefits typically covered by employers, including multi-employer plans.

Within the essential benefits package, health plans are allowed to develop four levels of coverage:

- **Bronze Level**—Designed to provide benefits that are actuarially equivalent to 60% of the full actuarial value of the benefits provided.
- **Silver Level**—Designed to provide benefits that are actuarially equivalent to 70% of the full actuarial value of the benefits provided.
Gold Level—Designed to provide benefits that are actuarially equivalent to 80% of the full actuarial value of the benefits provided.

Platinum Level—Designed to provide benefits that are actuarially equivalent to 90% of the full actuarial value of the benefits provided.

The U.S. Department of Health and Human Services will develop the essential benefit package. A catastrophic plan will be available to individuals up to age 30 or to those who are exempt from the mandate to purchase coverage. The plan will provide catastrophic coverage only—with the coverage level set at the Health Savings Account current law levels—except that prevention benefits and coverage for three primary care visits would be exempt from the deductible. The catastrophic plan will only be available in the individual market.

Timeline for Implementation: The essential benefit package will be implemented via regulation prior to 2014, by when the health exchanges are to be fully functional.

Impact on ACNM: Nurse-midwives and their patients are expected to benefit from the recognition and designation of maternity and newborn care, prevention, and wellness as essential parts of any health benefits package and its inclusion as a key element of health reform law.

References