

Women and the Affordable Care Act

The Affordable Care Act (ACA) protects women from discriminatory health insurance practices, makes health coverage more affordable and easier to obtain, and improves access to many of the health services women need. Approximately 13 million women will gain coverage because of the Affordable Care Act by 2016. Since 2013, estimates show that approximately [10 million individuals](#) ^[1] have enrolled in Medicaid and the Children's Health Insurance Program (CHIP).

YWCA USA Position

The YWCA USA supports quality, affordable, and accessible health care. The YWCA supports a strong safety net that includes Medicaid, Medicare and State Health Insurance programs. The YWCA also opposes legislative efforts to repeal, defund, or halt the implementation of the ACA.

Facts

- **Insurance Companies Can No Longer Deny Coverage to Women:** Before the Affordable Care Act's passage, insurance companies selling individual policies could [deny coverage](#) ^[2] to women due to certain pre-existing conditions. Previously, insurance companies could classify domestic violence, cesarean sections and breast and cervical cancer as pre-existing conditions and deny women coverage. Under the law, insurance companies are banned from denying coverage to children because of a pre-existing condition. Now, it is illegal for insurance companies to discriminate against anyone with a pre-existing condition.
- **Preventive Care:** Under the ACA, women receive preventive care without co-pays, including reproductive health services. On August 1, 2012, [new guidelines](#) ^[3] went into effect requiring that all new health care plans include preventive services, like mammograms, new baby care and well-child visits, with no out-of-pocket costs, such as co-insurance or a deductible. All new private plans will be required to provide contraception at no cost. Preventive care also includes reproductive health services, such as sexually transmitted infection screening, prevention and counseling. The ACA's Women's Preventive Services Act covers all forms of FDA-approved contraception; screening for gestational diabetes; and screening and counseling for domestic partner violence. An [estimated 27 million women](#) ^[4] received preventive services without a co-payment in 2011 and 2012.
- **Gender Rating:** Prior to ACA, women could be charged more for

for every woman

individual insurance policies simply because of their sex. Health insurance companies justified charging more for women arguing that women have higher utilization rates compared to men and the costs of care are higher because they have specific health care needs that men don't have, such as maternity care or childbirth. A 22-year-old [woman](#) ^[5] could be charged 150% the premium that a 22-year-old man paid, and pregnancy was defined by insurance companies as a pre-existing condition. Today, being a woman is no longer a pre-existing condition. Under the ACA, insurance companies are prohibited from practicing gender rating in and outside the new Health Insurance Exchanges—they are no longer allowed to charge women more than men for the same coverage.

- **Delivering New Coverage Options for Americans with Pre-existing Conditions:** Health plans that cover children can no longer exclude, limit or deny coverage to children (under age 19) based on a pre-existing condition.
- **Allowing Anyone Ages 26 and Younger to Stay on Their Parents' Plan:** The Affordable Care Act requires plans and issuers that offer dependent coverage to make the coverage available until a child reaches the age of 26. Over [3.1 million](#) ^[6] young people across the country have gained insurance coverage through this part of the health care law. Before the ACA's passage, many health plans and issuers could remove adult children from their parents' policies because of their age, whether or not they were a student or where they lived.
- **Coverage Can't Be Dropped, Just Because:** The law also guarantees that people who have coverage will be able to rely on it when they need it most. Health plans are no longer allowed to cancel health insurance policies or drop coverage when people become sick. In the past, some health insurance companies waited until expensive claims were submitted and then investigated enrollment materials to try to locate some discrepancy or omission in those materials that could justify a rescission of coverage and denial of the expensive claims, even if the discrepancy or omission was unintentional and unrelated to the medical condition for which the patient sought care.
- **No More Lifetime Limits:** The law prohibits [lifetime limits](#) ^[7] on most benefits, ensuring that coverage doesn't run out during a time of need. [39.5](#) ^[8] million women no longer have a lifetime limit on their health coverage.
- **Health Insurance Marketplaces:** Coverage through the [Marketplaces](#) ^[9] began in every state on January 1, 2014 [state, federally facilitated, or partnership], where women can compare plans and shop for affordable and comprehensive health insurance coverage for themselves and their families. Women who are eligible can access tax credits or subsidies to help them purchase coverage through the exchange.
- **Medicaid Coverage to Women, Children and Families:** Effective in 2014, states have the option to offer Medicaid coverage to all individuals with incomes below about \$15,000 a year, and families earning less than about \$30,000 a year (133% of the federal poverty line). The federal government will cover 100% of the cost of this coverage expansion in the first three years (2014 – 2016), phasing down to 90% in subsequent years (2020 – beyond). The expansion of Medicaid and the availability of subsidies to help purchase health care have helped millions of women gain health care coverage. [9.7](#) ^[10] million individuals have enrolled in Medicaid and CHIP since October 2013, when the initial Marketplace

open enrollment period began. As of January 2015, 28 states and the District of Columbia have expanded Medicaid. 23 states have yet to expand Medicaid.

- **Investment in Community Health Centers Disproportionately Helps Provide Care to Individuals of Color:** From fiscal year 2011 through 2015, the act appropriates \$11 billion to [community health centers](#) ^[11]. In 2010 ^[12], 34.4 percent of community health center patients were Latino and an additional 25.8 percent were African American. In that year the two groups made up only 16 percent and 13 percent of the national population, respectively.

[1] Mann, Cindy. (2011, June). Medicaid and CHIP Enrollment Milestone Achievement: Enrollment Grows by Approximately 9.7 Million Additional Americans. Retrieved from <http://www.hhs.gov/healthcare/facts/blog/2014/12/medicaid-chip-enrollment-october.html>

[2] .The U.S. White House. Retrieved from http://www.whitehouse.gov/sites/default/files/docs/the_aca_helps_women.pdf

[3] The U.S. Department of Health and Human Services: Health Resources and Services Administration. Women's Preventive Services Guidelines. Retrieved from <http://www.hrsa.gov/womensguidelines/>

[4] National Women's Law Center. (2013, May). Women and the Health Care Law in the United States. Retrieved from http://www.nwlc.org/sites/default/files/pdfs/us_healthstateprofiles.pdf

[5] The U.S. White House. Retrieved from http://www.whitehouse.gov/sites/default/files/docs/the_aca_helps_women.pdf

[6] The U.S. White House. Health Care and You. Retrieved from <http://www.whitehouse.gov/healthreform/relief-for-americans-and-businesses#women>

[7] Healthcare.gov. Health coverage rights and protections. Retrieved from <https://www.healthcare.gov/how-does-the-health-care-law-protect-me/#part=9>

[8] Musco, Thomas D. and Sommers, Benjamin D. (2012, March). Under The Affordable Care Act, 105 Million Americans No Longer Face Lifetime Limits on Health Benefits. Retrieved from <http://aspe.hhs.gov/health/reports/2012/LifetimeLimits/ib.shtml>

[9] The Henry J. Kaiser Family Foundation. State Health Insurance Marketplace Types, 2015. Retrieved from <http://kff.org/health-reform/state-indicator/state-health-insurance-marketplace-types/>

[10] Medicaid.gov. Medicaid and CHIP Application, Eligibility Determination, and Enrollment Data. Retrieved from <http://www.medicaid.gov/medicaid-chip-program-information/program-information/medicaid-and-chip-enrollment-data/medicaid-and-chip-application-eligibility-determination-and-enrollment-data.html>

[11] The U.S. Department of Health and Human Services: Health Resources and Services Administration. The Affordable Care Act and Health Centers. Retrieved from <http://bphc.hrsa.gov/about/healthcenterfactsheet.pdf>

[12] Ridley-Kerr, Abigail and Wilf, Rachel. (2012, May). The Top 10 Benefits Women of Color Are Seeing Under Obamacare: The Affordable Care Act Improves Health Coverage for Marginalized Women. Retrieved from <https://www.americanprogress.org/issues/race/news/2012/05/02/11570/the-top-10-benefits-women-of-color-are-seeing-under-obamacare/>