

Repealing the ACA Endangers Women's Health and Financial Security

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The Affordable Care Act (ACA) is the greatest advance for women's health in a generation. Attempts to repeal the ACA not only put women's access to health care in dire jeopardy, but threaten their economic security as well. Repealing the ACA risks going back to a time when women struggled to find affordable health coverage in the individual market, were routinely charged more than men for health insurance and often found that health coverage did not cover their essential health care needs.

The ACA is working. The law has already improved women's access to quality, affordable health insurance and needed care. Thanks to the ACA, most health plans are now guaranteed to cover critical women's health services such as maternity care, contraception and well-woman visits. The ACA ensures that women and families have one less thing to worry about as they try to make ends meet. Under the ACA, they have access to more affordable coverage, so that getting sick does not mean having to choose between seeing the doctor or paying the mortgage. Access to comprehensive health coverage means that women and their families are not at risk of losing their hard-earned economic stability if loved ones need medical treatment. Additionally, the ACA enables women to explore new employment or educational opportunities without fear of losing health coverage because they are no longer tied to employer-sponsored insurance for coverage. Repealing the ACA not only endangers advances in women's health care access, it also puts many women's economic security at risk.

Repealing the ACA Threatens Women's Access to Health Coverage

- ▶ **For millions of women, repealing the ACA means taking their health insurance away and leaving them without affordable coverage options.** Thanks to the ACA, millions of women now have access to affordable health care coverage for the first time. Since the enactment of the ACA, 9.5 million previously uninsured women have gained affordable, comprehensive health coverage.¹ These newly insured women now know the financial security that comes with having a health plan that covers them if they have a medical emergency or just need a regular check-up.
- ▶ **Repealing the ACA could make it difficult for women with chronic or pre-existing conditions to find affordable coverage.** Under the ACA, women cannot be denied coverage because they are sick or have pre-existing conditions. The ACA ended outrageous, predatory practices that allowed insurers to refuse to cover women who

had breast cancer or cesarean sections, received medical treatment due to domestic violence or who have chronic conditions like high blood pressure or diabetes. The ACA also prohibits insurers from imposing lifetime dollar-value caps on coverage and from placing annual dollar-value caps on essential health benefits like maternity care – meaning, insurance companies could previously deny covering services if the costs of covering a woman exceeded a certain dollar amount in a year or over her lifetime. Repealing the ACA puts these protections in jeopardy and risks making health coverage unaffordable or inaccessible to those who need it the most.

▶ **Millions of women and families could lose Medicaid coverage without the ACA.**

Medicaid provides essential care for low-income women throughout their lives, from family planning and maternal health services to nursing home care. Under the ACA, states are encouraged to expand eligibility for their Medicaid programs to include individuals with household incomes up to 138 percent² of the Federal Poverty Level (FPL). Women living in states that opted to expand Medicaid coverage saw the most dramatic reductions in the uninsured rates. The average decrease in the uninsured rate among low-income women in Medicaid expansion states was 7.9 percent.³ Repealing the ACA could re-open gaping holes in the nation’s safety net and take coverage away from millions of women and families.

Repealing the ACA Makes Women’s Coverage Less Affordable

▶ **If the ACA is repealed, millions of women and families will lose the financial help they need to purchase health coverage.**

The ACA makes premium tax credits and cost-sharing subsidies available to low- and middle-income women and families to help them afford health coverage. In 2016, 6.8 million women and girls enrolled in health plans through the health insurance marketplaces created by the ACA; many of these women received tax credits and subsidies to make comprehensive coverage they need more affordable.⁴ If the ACA is repealed, women and families will lose their tax credits and cost-sharing reductions. For many, this will mean that coverage is no longer affordable and they will be forced to go without health insurance, and often without care.

▶ **Without the ACA, women could once again have to pay more than men for the same insurance policies.**

The ACA prohibits plans in the individual and small group markets from charging women higher premiums simply because of their gender (a practice known as “gender rating”). Before the ACA took effect, 92 percent of best-selling plans on the individual market practiced gender rating, costing women approximately \$1 billion a year.⁵ If the ACA is repealed, protections against gender rating could be lost and women could once again be forced to pay more for their coverage simply because they are women.

Repealing the ACA Jeopardizes Access to Key Women's Health and Reproductive Health Services

- ▶ **Women could lose guaranteed coverage of maternity care services if the ACA is repealed.** Under the ACA, women purchasing insurance in the individual or small group markets are now guaranteed access to maternity coverage as an essential health benefit. Prior to the ACA, few health plans in the individual market provided any coverage for maternity care.⁶ The ACA also prohibits most plans from requiring women seeking OB/GYN care to receive pre-authorization or a referral, saving women time and money. If the ACA is repealed, guaranteed coverage of maternity care could be lost. Meaning, even women who have health insurance may still have to pay out-of-pocket for a large amount or all of their maternity care.
- ▶ **Repealing the ACA could leave women without guaranteed coverage for preventive services, including birth control, with no cost sharing.** The ACA requires most health insurance plans to cover preventive services without copayments, deductibles or other out-of-pocket costs. These benefits include coverage for breastfeeding support, counseling and equipment; well-woman visits; gestational diabetes screening; sexually transmitted infection (STI) counseling and testing; contraceptive methods and counseling; and interpersonal and domestic violence screening and counseling.⁷ As a result, 55 million women now have access to vital preventive health care, which improves health outcomes and lowers health care spending.⁸ If the ACA is repealed, women will be charged cost sharing for their birth control and other important preventive services. For many women, the cost of a co-payment will simply be too expensive, and they will be forced to go without the care they need – as many did before the ACA.
- ▶ **If the ACA is repealed, many women may once again be forced to choose between filling their birth control prescription and filling their gas tank.** The ACA's guarantee of coverage without cost sharing for preventive services, including contraceptive methods and counseling, has had a tremendously positive impact on women's lives and health. Access to contraception improves health outcomes and saves women money. It is estimated that because of the ACA women saved more than \$1.4 billion in out-of-pocket costs on oral contraception in 2013 alone.⁹ Two-thirds of women using birth control now have no out-of-pocket cost – a dramatic increase from 15 percent prior to enactment of the benefit.¹⁰ The coverage guarantee has increased access to long-acting reversible contraceptives, such as IUDs, which are considered the most effective method of birth control but have a high cost barrier. This provision is also extremely popular – a 2015 Kaiser Family Foundation/*Washington Post* survey found that 70 percent of people and 77 percent of women supported coverage of birth control with no copay.¹¹ Access to contraception also enables women to plan if and when to have children, which helps women create stability to better achieve economic security. If the ACA is repealed, we risk rolling back the important progress we have made.

Repealing the ACA Weakens Protections Against Discrimination in Health Care

- ▶ **If the ACA is repealed, women will lose an important tool for fighting health care discrimination.** For generations, sex discrimination in health care has persisted — in pricing, in coverage, in access to care, in research and more — seriously harming women’s health and equality. The ACA prohibits government agencies, as well as health entities such as hospitals, clinics, community health centers, insurers and more that accept federal funding, from discriminating based on sex, race, color, national origin, disability or age. The ACA is the first time federal civil rights law has broadly prohibited discrimination on the basis of sex in federally-funded health programs. If the ACA is dismantled, women risk losing important provisions that protect them against discrimination.

Repealing the ACA Hurts New Parents

- ▶ **If the ACA is repealed, nursing mothers could lose their right to reasonable break time and a place to express (pump) breast milk at work.** The ACA requires most health insurance plans to cover, with no cost sharing, breastfeeding counseling and supplies for nursing mothers. Coverage must extend for the duration of breastfeeding.¹² In addition, it requires employers of all sizes to provide reasonable break time and a private place other than a bathroom for nursing employees to pump breast milk until their child’s first birthday.¹³ If the ACA is repealed, women could lose guaranteed, no-cost coverage of breast pumps and other lactation services, as well as this important workplace protection.

Repealing the ACA Would Harm the Quality of Care That Women Receive

- ▶ **The ACA is improving how we pay for and deliver health care services.** The ACA created the Center for Medicare & Medicaid Innovation (CMMI) to test, evaluate and expand new payment and care delivery models that improve the quality of care and care coordination. For example, new models of health care payment and delivery currently being tested include Accountable Care Organizations, primary care transformation initiatives such as the Comprehensive Primary Care Initiative and best practice initiatives such as the Partnership for Patients. If the ACA is repealed, CMMI could be disbanded and the progress made to improve the quality of health care delivered in the United States could be stalled.
- ▶ **More women have improved access to coordinated care.** By investing in primary care, patient safety and CMMI, the ACA lays the groundwork to improve the quality and coordination of care. Since the ACA, the percentage of women with a usual source of care has increased, particularly among young women, Black women, Hispanic women, and low-income women — meaning that more women are now accessing primary care.¹⁴ If the ACA is repealed, improvements made to health care quality, coordination and

value could be undermined and disparities in health care access and outcomes could worsen.

Repealing the ACA risks jeopardizing critical gains for women’s health and economic security. The protections of the ACA must be maintained to help ensure high-quality, affordable health insurance is available for all. Repealing the ACA would make coverage more expensive and less comprehensive for women, and halt the progress on improving health care quality. Women have come too far to be forced to turn back to a time of unequal and inconsistent health care access.

¹ U.S. Dept. of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. (2016, March). *Health Insurance Coverage and the Affordable Care Act, 2010-2016*. Retrieved 12 October 2016, from <https://aspe.hhs.gov/sites/default/files/pdf/187551/ACA2010-2016.pdf>

² In 2014, Medicaid eligibility expanded to individuals and families with household family income at or below 133 percent FPL. However, a standard 5 percent income disregard used when determining eligibility effectively raises the limit to 138 percent FPL.

³ U.S. House of Representatives Committee on Energy and Commerce, Democratic Staff Report. (2016, December). *Turning Back the Clock: Republican Plans to Repeal the Affordable Care Act Will Reverse Progress for Women*. Retrieved 16 December 2016, from <http://democrats-energycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/documents/ACA%20Womens%20Health%20FINAL.pdf>

⁴ U.S. Dept. of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. (2016, March). *Health Insurance Marketplaces 2016 Open Enrollment Period: Final Enrollment Report*. Retrieved 16 December 2016, from <https://aspe.hhs.gov/sites/default/files/pdf/187866/Finalenrollment2016.pdf>

⁵ National Women’s Law Center. (2012). *Turning to Fairness: Insurance Discrimination against Women Today and the Affordable Care Act*. Retrieved 14 December 2016, from http://www.nwlc.org/sites/default/files/pdfs/nwlc_2012_turningtofairness_report.pdf

⁶ National Women’s Law Center. (2009). *Still Nowhere to Turn: Insurance Companies Treat Women Like a Pre-Existing Condition*. Retrieved 2 September 2016, from <https://nwlc.org/wp-content/uploads/2015/08/stillnowheretoturn.pdf>

⁷ U.S. Dept. of Health and Human Services (2011, August). *Affordable Care Act Rules on Expanding Access to Preventive Services for Women*. Retrieved 12 October 2016, from <http://www.hhs.gov/healthcare/facts-and-features/fact-sheets/aca-rules-on-expanding-access-to-preventive-services-for-women/index.html>

⁸ U.S. Department of Health and Human Services. (n.d.). *The ACA is Working for Women*. Retrieved 14 December 2016, from <https://www.hhs.gov/healthcare/facts-and-features/fact-sheets/aca-working-women/index.html>

⁹ Becker, N.V., & Polsky, D. (2015). Women Saw Large Decrease in Out-Of-Pocket Spending For Contraceptives After ACA Mandate Removed Cost Sharing. *Health Affairs*, 34, 71204-1211. Retrieved 19 December 2016, from <http://content.healthaffairs.org/content/34/7/1204.full.pdf+html>

¹⁰ Sonfield, A., Tapales, A., Jones, R.K., & Finer, L.B. (2014). Impact of the federal contraceptive coverage guarantee on out-of-pocket payments for contraceptives. *Contraception*, 91, 44-48. Retrieved 19 December 2016, from [http://www.contraceptionjournal.org/article/S0010-7824\(14\)00687-8/pdf](http://www.contraceptionjournal.org/article/S0010-7824(14)00687-8/pdf)

¹¹ Kaiser Family Foundation & The Washington Post. (2016, January). *Feminism Survey*. Retrieved 19 December 2016, from <http://files.kff.org/attachment/topline-methodology-washington-post-kaiser-family-foundation-feminism-survey>

¹² U.S. Dept. of Health and Human Services, Centers for Medicare & Medicaid Services. (n.d.). *Health benefits & coverage, Breastfeeding benefits*. Retrieved 2 September 2016, from <https://www.healthcare.gov/coverage/breast-feeding-benefits/>

¹³ U.S. Dept. of Labor, Wage and Hour Division. (2010, March). *Section 7(r) of the Fair Labor Standards Act – Break Time for Nursing Mothers Provision*. Retrieved 2 September 2016, from http://www.dol.gov/whd/nursingmothers/Sec7rFLSA_btmn.htm. Note: This requirement applies to employees who are not exempt from Section 7 of the Fair Labor Standards Act. Employers with fewer than 50 employees are exempt from this requirement if it would impose an undue hardship.

¹⁴ U.S. Dept. of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. (2016, June). *The Affordable Care Act: Promoting Better Health for Women*. Retrieved 16 December 2016, from <https://aspe.hhs.gov/sites/default/files/pdf/205066/ACAWomenHealthIssueBrief.pdf>

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, 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 NationalPartnership.org.

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