

# House Republicans' Repeal Bill Would Harm Women and Families

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The Affordable Care Act (ACA) is working. The law is the greatest advance for women's health in a generation. It brought historic gains for women's access to affordable, high-quality health care. In contrast, House-passed repeal bill — the “American Health Care Act” (AHCA) — would wreak havoc on our health care system by dramatically increasing the number of uninsured and making health coverage more expensive and inadequate for millions of women and families. Its many harmful provisions also promote an agenda to deny women access to comprehensive, high quality and affordable health care, including the comprehensive reproductive health care and abortion services that are essential to their health, equality and economic security.

## The AHCA Would Result in Millions of Women Losing Health Care Coverage.

The Congressional Budget Office (CBO) estimated that the House-passed AHCA would result in 23 million more uninsured people by 2026, with 14 million people under Medicaid losing coverage by this time.<sup>1</sup> For the millions of women and families relying on Medicaid and the ACA, this loss of coverage would severely undermine access to care.

In addition, the bill makes it harder for low-income women and families to afford health coverage by repealing the ACA's premium and cost-sharing subsidies and proposing age-based tax credits that fall well short of what the ACA currently provides.<sup>2</sup> 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 the comprehensive coverage they need more affordable.<sup>3</sup> For those that are able to retain coverage, this bill would force women to increase the amount of money they put toward premiums and cost sharing, thereby creating new, and for many, insurmountable, barriers to getting the care they need. Research shows that women routinely face financial barriers to affording care. In fact, unmet health care needs due to cost are significantly more common among women than among men.<sup>4</sup>

Under the Republican bill, women and families would also face additional premium costs if they experience a break in coverage. The Republican bill introduces a continuous coverage penalty that punishes those who experience a coverage gap by forcing them to pay a 30 percent premium surcharge to their insurer. This penalty would be a huge hardship for families already struggling to make ends meet.

In short, this bill would leave millions of women and families without the ability to afford or access comprehensive, quality health coverage.

## The AHCA Undermines Access to Preventive Services by Diminishing Access to Coverage.

Denying women access to affordable coverage also means denying women access to key preventive services like birth control. Fifty-five million women have benefitted from the ACA's guarantee of no-cost-sharing coverage for preventive services.<sup>5</sup> 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.<sup>6</sup> 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.<sup>7</sup> The coverage guarantee has increased access to long-acting reversible contraceptives, such as intrauterine devices (IUDs), which are considered the most effective method of birth control but have a high cost barrier. Access to contraception also enables women to plan if and when to have children, which helps women create stability to better achieve economic security. Pushing health coverage out of reach also pushes this vital element of women's health and economic security out of reach.

## The AHCA Threatens Access to Essential Types of Health Care.

The House-passed bill includes a provision whereby states could submit a waiver to change – or even eliminate – the essential health benefit requirements. The ACA's essential health benefits (EHB) include 10 categories of care that must be covered, including maternity and newborn care and prescription drugs. EHB ensures that when women sign up for coverage, they know they are getting health insurance that will cover their essential health care needs without any lifetime or annual dollar limits on their care. Before the ACA, this was rarely the case for women purchasing insurance on the individual market. In states that eliminate or weaken EHB, women would once again be subject to skimpy, inadequate insurance coverage, just like before the ACA.

CBO estimates that one in three people would live in states that narrow the scope of EHB. Analysis shows that people living in these states that use services or benefits no longer included in the EHB package “would experience substantial increases in out-of-pocket spending on health care or would choose to forgo the services.”<sup>8</sup> For women this could mean having to pay an estimated \$1,000 per month more for plans that include maternity coverage – in effect, going back to days when women could be charged higher premiums than men.<sup>9</sup>

The EHB are essential for women and any provisions that reduce affordability or access to essential health care services will seriously undermine both the health and economic security of women and families.

## The AHCA Undercuts Protections for Women with Pre-Existing Health Conditions.

The AHCA undermines protections for people with pre-existing conditions by allowing states to waive the prohibition on insurance companies charging higher premiums based on an individual's health status in certain situations. In effect, insurance companies could go back to charging people with pre-existing conditions much higher premiums that put affordable, comprehensive coverage out of reach. For example, someone with asthma could have to pay over \$4,000 more for coverage.<sup>10</sup>

Prior to the ACA, insurance companies could define pre-existing conditions to include a variety of conditions such as pregnancy, prior cesarean sections, prior treatment for domestic violence or sexual assault, cancer, respiratory illness, and disabilities. Repealing the ACA's pre-existing conditions protections would allow insurers to charge people more just because of their health status in certain circumstances and once again discriminate against women.

According to the CBO, one in six people would live in states that waive essential health benefits and once again allow insurers to charge substantially higher premiums to people with pre-existing conditions. In these states, people with pre-existing conditions could be priced out of coverage completely. Indeed, the CBO estimates that these individuals "would be unable to purchase comprehensive coverage with premiums close to those under current law and might not be able to purchase coverage at all."<sup>11</sup>

## The AHCA Guts Medicaid, Shredding Our Health Care Safety Net.

The bill effectively ends Medicaid expansion and transitions Medicaid to a block grant or per capita cap funding by 2020, cutting over \$800 billion in funds for the program.<sup>12</sup> This will have a devastating effect on low-income families and women of color.

Per capita cap proposals would give states a set amount of federal money to care for Medicaid enrollees. It is widely believed that federal dollars would fail to keep up with rising health care costs, shifting more and more costs to states.<sup>13</sup> States, which are already strapped for resources, would either have to cover increasing health care costs over time or drastically cut services. Given current financial realities at the state level, instituting per capita caps for the Medicaid program is expected to result in reduced eligibility for enrollments and the rolling back of coverage benefits.<sup>14</sup> Per capita caps simply pass health care costs on to state governments and taxpayers and likely lead states to limit enrollment or coverage of services.

Undermining Medicaid will have particularly serious consequences for women. Medicaid covers services ranging from family planning to maternity care to nursing home care. Medicaid provides coverage for nearly half of all births in the United States. It accounts for 75 percent of all publicly funded family planning services. And, it covers half (51 percent) of all long-term care spending, which is essential for millions of older women.<sup>15</sup>

In 2015, 17 percent of non-elderly adult women received their health coverage through Medicaid.<sup>16</sup> Medicaid covers the poorest and sickest population of women. Approximately 66 percent of women with Medicaid had incomes below 200 percent of the federal poverty line. Over 25 percent of women covered by Medicaid rate their own health as fair or poor, compared to six percent of women covered by employer-sponsored insurance.<sup>17</sup> Attacks on the Medicaid program also disproportionately affect women of color: Black women and Latinas are more likely than white women to be insured through Medicaid.<sup>18</sup>

The AHCA also permits states to impose work requirements on Medicaid beneficiaries, which will have a direct impact on women's ability to get and hold a job, and keep others from improving their health so they can participate in the workforce.<sup>19</sup> Research shows that almost two-thirds of the 11 million beneficiaries who risk losing coverage from a work requirement are women, many of whom are women with a disability or chronic health condition or are caring for a family member.<sup>20</sup>

## The AHCA Blocks Access to Planned Parenthood and Denies Care to Millions.

The bill also defunds Planned Parenthood from the Medicaid program, denying 2.5 million people access to essential health care.<sup>21</sup> Planned Parenthood is a vital and trusted health care provider for millions of people in the United States. As one of the nation's leading providers of high quality, affordable health care for women, men and young people, Planned Parenthood provides vital services such as contraception, screening and treatment for sexually transmitted infections (STIs), abortion care, and breast and cervical cancer screenings. In 2015 alone, Planned Parenthood provided more than 4 million STI tests and treatments, more than 360,000 breast exams, more than 270,000 cervical cancer screenings, and contraceptives for more than 2 million people.<sup>22</sup> More than half of Planned Parenthood health centers are located in rural or underserved areas where it is often the *only* health care provider offering these services.<sup>23</sup>

CBO estimates that at least 390,000 people would lose access to, and approximately 650,000 people could face reduced access to, preventive health care within a year if Congress were to block Medicaid patients from seeking care at Planned Parenthood health centers.<sup>24</sup> Women of color would be particularly at risk, especially Black and Latina women who face substantially more barriers to accessing quality health care.

## The AHCA Further Restricts Coverage for Abortion Care.

In addition, the bill demonstrates the House leadership's determination to eliminate coverage for abortion care. The bill harshens already harmful abortion coverage restrictions by denying anyone who receives a health care tax credit<sup>25</sup> the ability to purchase a plan that covers abortion care beyond life endangerment, rape or incest. Insurance companies would therefore likely stop offering these plans, resulting in a total lack of abortion coverage on the individual market. Abortion coverage restrictions deny women the ability to make their own health care decisions. They push critical care out of reach for women. They undermine women's equity and ability to achieve financial security, support their families and participate in the workforce.

# The AHCA Is an Attack on Women’s Health, Equity and Financial Stability.

Taken together, core provisions of the bill – gutting Medicaid, repealing major provisions of the ACA, pushing essential care out of reach for women, and defunding Planned Parenthood health centers – are an assault on women’s access to health care, their economic security and their ability to participate and contribute fully and equally to our society.

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<sup>1</sup> Congressional Budget Office. (2017). *Cost Estimate: H.R. 1628 American Health Care Act of 2017*. Retrieved 7 June 2017, from <https://www.cbo.gov/system/files/115th-congress-2017-2018/costestimate/hr1628aspassed.pdf>

<sup>2</sup> Ibid.

<sup>3</sup> 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>

<sup>4</sup> Shartzter, A, Long, S.K., & Benatar, S. (2015). *Health Reform Monitoring Service: Health Care Costs Are a Barrier to Care for Many Women*. Urban Institute Health Policy Center Publication. Retrieved 9 March 2017, from <http://hrms.urban.org/briefs/Health-Care-Costs-Are-a-Barrier-to-Care-for-Many-Women.html>

<sup>5</sup> U.S. Department of Health and Human Services. (2015, September 16). *The ACA is Working for Women*. Retrieved 19 December 2016, from <http://www.hhs.gov/edgesuite.net/healthcare/facts/factsheets/2015/09/aca-working-women.html>

<sup>6</sup> 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>

<sup>7</sup> 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)

<sup>8</sup> See note 1.

<sup>9</sup> See note 1.

<sup>10</sup> Berger, S., & Gee, E. (2017, April 21). *Premium Increases for Pre-Existing Conditions Under Latest ACA Repeal Plan, by State*. Center for American Progress Publication. Retrieved 23 June 2017, from <https://www.americanprogress.org/issues/healthcare/news/2017/04/21/431019/premium-increases-pre-existing-conditions-latest-aca-repeal-plan-state/>

<sup>11</sup> See note 1.

<sup>12</sup> See note 1.

<sup>13</sup> Park, E., Aron-Dine, A., & Broaddus, M. (2017, March 8). *House Republican Health Plan Shifts \$370 Billion in Medicaid Costs to States*. Center on Budget and Policy Priorities Publication. Retrieved 10 March 2017, from <http://www.cbpp.org/research/health/house-republican-health-plan-shifts-370-billion-in-medicaid-costs-to-states>

<sup>14</sup> Ibid.

<sup>15</sup> Kaiser Family Foundation. (2016, October 21). *Women’s Health Insurance Coverage*. Retrieved 10 March 2017, from <http://kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>

<sup>16</sup> Ibid.

<sup>17</sup> See note 10.

<sup>18</sup> Sonfield, A. (2017, March 9). Why Protecting Medicaid Means Protecting Sexual and Reproductive Health. *Guttmacher Policy Review*, 20. Retrieved 10 March 2017, from <https://www.guttmacher.org/article/2017/03/why-protecting-medicaid-means-protecting-sexual-and-reproductive-health>

<sup>19</sup> Katch, H., Schubel, J., & Broaddus, M. (2017, May 11). *Medicaid Works for Women — But Proposed Cuts Would Have Harsh, Disproportionate Impact*. Center on Budget and Policy Priorities Publication. Retrieved 23 June 2017, from <http://www.cbpp.org/research/health/medicaid-works-for-women-but-proposed-cuts-would-have-harsh-disproportionate-impact>

<sup>20</sup> Ibid.

<sup>21</sup> Planned Parenthood. (2016). *Fact Sheet: The Urgent Need for Planned Parenthood Health Centers*. Retrieved 10 March 2017, from [https://www.plannedparenthood.org/files/7814/8106/3998/20161207\\_Defunding\\_fs\\_d01.pdf](https://www.plannedparenthood.org/files/7814/8106/3998/20161207_Defunding_fs_d01.pdf)

<sup>22</sup> Planned Parenthood. (2016). *Fact Sheet: This is Who We Are*. Retrieved 30 November 2016, from [https://www.plannedparenthood.org/files/6814/6833/9709/20160711\\_FS\\_General\\_d1.pdf](https://www.plannedparenthood.org/files/6814/6833/9709/20160711_FS_General_d1.pdf)

<sup>23</sup> See note 13.

<sup>24</sup> Congressional Budget Office. (2015). *Cost Estimate: H.R. 3134 Defund Planned Parenthood Act of 2015*. Retrieved 30 November 2016, from <https://www.cbo.gov/sites/default/files/114th-congress-2015-2016/costestimate/hr3134.pdf>

<sup>25</sup> The AHCA repeals the ACA’s tax credits, effective in 2020. Until 2020, use of existing tax credits is prohibited for purchase of any plan that covers abortion beyond life endangerment, rape, or incest. After 2020, this bill would put a new age-based tax credit in place, and the same abortion restriction would apply to these credits.

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, 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](http://NationalPartnership.org).

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