Why the Affordable Care Act Matters for Women: Expanding Access to Health Insurance

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Thanks to the Affordable Care Act (ACA), millions of people now have access to more affordable health coverage through expanded Medicaid programs and subsidized health insurance plans sold in the marketplace. As of early 2015, the uninsured rate dropped to 9.2 percent, meaning seven million people obtained health insurance since 2014.¹ The ACA’s protections have helped create this historic decline in the uninsured; they have also made it easier for women to find and enroll in the health insurance options that best meet their needs and those of their families.

Historic Expansion of Medicaid

The ACA has helped to close gaping holes in the nation’s safety net. Medicaid provides essential care over the course of women’s lives, from family planning and maternal health services to nursing home care. In states that have chosen to expand their Medicaid programs under the ACA, Medicaid eligibility has been raised to include individuals with incomes up to 138 percent of the Federal Poverty Level (FPL).²

- In 2015, in states that have expanded their Medicaid programs, an individual earning up to $16,243 annually qualifies for Medicaid, as does a family of four with an annual income of up to $33,465.³
- With this change, millions more people now qualify for Medicaid’s comprehensive health coverage and strong cost-sharing protections.⁴

Affordable Insurance in the Marketplace

The ACA has established critical protections to make private health insurance options more affordable for women and families. Ensuring that health insurance remains affordable and comprehensive is critical to keeping individuals covered and ensuring that women and families are able to access the care they need.

- Premium tax credits and cost-sharing subsidies are available to help women and families with lower incomes afford insurance in the marketplace.
- Women are guaranteed coverage for preventive services such as birth control, mammograms and cervical cancer screenings, with no cost-sharing.
- Women no longer 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.

- Women can no longer be denied coverage because they are sick or have pre-existing conditions. The ACA has ended outrageous, predatory practices that allowed insurers to refuse to cover women who had breast cancer or C-sections, who received medical care due to domestic violence, or who have chronic conditions like high blood pressure or diabetes.

- Insurers are now prohibited from imposing lifetime dollar-value caps on coverage and they are barred from placing annual dollar-value caps on essential health benefits, like maternity care.

- Children and young adults now have improved access to quality care. The ACA gives young adults the right to stay on their family’s health insurance until age 26. Additionally, health plans are now prohibited from denying coverage to children with pre-existing conditions, such as asthma or diabetes.

### Insurance Shopping Made Easy

Thanks to the ACA, women and families can use the marketplace to find a range of reliable health coverage options; access information about a plan’s covered benefits, cost-sharing requirements and quality; and make comparisons before choosing a plan. In millions of American families, women gather information on coverage options, compare plans and make decisions about which health plan best suits their family’s needs and budgets. The ACA makes comparing and selecting a health plan easier so women can find and enroll in plans that cover needed health care services and prescription medications.

- In the marketplace, women and families now have unprecedented access to standardized, unbiased information about available health insurance plans. This information allows women to assess plans based on the things that matter most to them – such as premiums and cost-sharing requirements, quality, provider network, and prescription drug coverage and scope of benefits.

- Plans must be certified as qualified health plans (QHPs) before they are sold in the marketplace. This certification signifies that they adhere to required standards for provider network adequacy, scope of benefits, cost and other factors.

- The marketplace also determines each enrollee’s eligibility for Medicaid and for private-insurance premium subsidies.

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The ACA prohibits insurers from denying coverage for pre-existing conditions. Before the ACA, some health plans considered domestic violence, breast cancer, or C-sections to be pre-existing conditions.

2 Note: 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 of FPL.
