



ATTACKS ON HEALTH CARE COVERAGE ARE ATTACKS ON REPRODUCTIVE JUSTICE FOR WOMEN OF COLOR

UPDATED JULY 2019 | FACT SHEET

Reproductive justice will be attained when all people have the economic, social and political power and means to make decisions about their bodies, sexuality, health and families. Because of the Affordable Care Act (ACA), millions of women of color have gained access to affordable coverage and critical health care services. The ACA is working — in the majority of states, more than 80 percent of women of color ages 18-64 are now insured.¹ By undermining the ACA, conservative lawmakers are gambling with the health and economic stability of Black, Latina and Asian and Pacific Islander (AAPI) women, families, and communities. Women of color will be disproportionately impacted by rollbacks to health care coverage and stand to lose the most if current protections and policies are eliminated. Our health and lives are on the line.

WOMEN OF COLOR VOTERS ARE A POWERFUL VOTING BLOC AND ARE CONCERNED ABOUT ACCESS TO AFFORDABLE HEALTH CARE.

New nationwide polling among women of color voters in the 2018 election revealed that health-insurance related concerns ranked among the top three priorities for women of color across racial and ethnic lines.² 71 percent of Black women, 59 percent of Latinas, and 54 percent of AAPI women noted that access to affordable health care was an “extremely important” issue for them when voting.³ In addition, 71 percent of Black women, 62 percent of Latinas, and 52 percent of AAPI women said that ensuring people with pre-existing conditions can still get health insurance was extremely important to them.⁴

REPEAL OR WEAKENING OF THE ACA WOULD PUSH COVERAGE OUT OF REACH FOR WOMEN OF COLOR.

The ACA led to significant coverage gains for women of color,⁵ but rolling back the ACA’s financial assistance and coverage expansions will lead to women of color losing health

¹ National Women’s Law Center. (2017, February). *Affordable Care Act Repeal Threatens the Health and Economic Security of 5.1 Million Women of Color Who Recently Gained Insurance Coverage*. Retrieved 17 March 2017, from <http://nwlc.org/wp-content/uploads/2017/02/WOC-Health-Coverage-by-State.pdf>

² SKDKnickerbocker and Intersections of Our Lives. (2019, April). *Understanding the Priorities of Women of Color Voters*. Retrieved 8 July 2019, from <https://intersectionsfourlives.org/wp-content/uploads/2019/04/The-Intersections-of-Our-Lives-Survey-Findings-FINAL.pdf>

³ Ibid.

⁴ Ibid.

⁵ National Women’s Law Center. (2017, February). *Affordable Care Act Repeal Threatens the Health and Economic Security of 5.1 Million Women of Color Who Recently Gained Insurance Coverage*. Retrieved 17 March 2017, from <http://nwlc.org/wp-content/uploads/2017/02/WOC-Health-Coverage-by-State.pdf>

coverage and life-saving care. They could also be cut off from one of the ACA's most important advancements for women's health: the guarantee of no-cost-sharing coverage of preventive services. Women of color would lose access to the types of services that combat pervasive health disparities, such as contraceptives, screening for breast and cervical cancer, and well-woman visits. Because of the ACA:

- 15 million Black people now have coverage for preventive services without cost sharing.⁶ Between 2012 and 2014, the uninsured rate among Black women fell by nearly seven percent.⁷
 - Black women have higher breast cancer mortality rates compared to other racial and ethnic groups.⁸
 - In 2010, the Centers for Disease Control and Prevention reported that the breast cancer death rate for Black women aged 45-64 was 60 percent higher than that for white women.⁹
 - Coverage for preventive services without cost sharing removes barriers to care, enabling Black women to access essential health care such as breast cancer screenings.
- 17 million Latinos and Latinas now have coverage for preventive services without cost sharing, and between 2012 and 2014, the uninsured rate among Latinas fell by nine percent.¹⁰
 - Cervical cancer is highly preventable, but Latinas have the highest rates of cervical cancer in the United States.¹¹
 - Coverage for preventive services without cost sharing removes barriers to care, enabling Latinas to access essential health care like cervical cancer screenings.

⁶ Garrett, B., & Gangopadhyaya, A. (2016, December). *Who Gained Health Insurance Coverage Under the ACA, and Where Do They Live?* Urban Institute Health Policy Center. Retrieved 17 March 2017, from <http://www.urban.org/sites/default/files/publication/86761/2001041-who-gained-health-insurance-coverage-under-the-aca-and-where-do-they-live.pdf>; U.S. Department of Health and Human Services. (2015, May). *The Affordable Care Act is Improving Access to Preventive Services for Millions of Americans*. Retrieved 9 February 2017, from <https://aspe.hhs.gov/sites/default/files/pdf/139221/The%20Affordable%20Care%20Act%20is%20Improving%20Access%20to%20Preventive%20Services%20for%20Millions%20of%20Americans.pdf>

⁷ 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 at 10*. Retrieved 19 September 2017, from <http://democratsenergycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/documents/ACA%20Womens%20Health%20FINAL.pdf>

⁸ Black Women's Health Imperative. *Breast Cancer*. Retrieved 20 March 2017 from <http://www.bwhi.org/issues/breast-cancer/breast-cancer/>

⁹ Ibid.

¹⁰ 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 at 10*. Retrieved 16 December 2016, from <http://democrats-energycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/documents/ACA%20Womens%20Health%20FINAL.pdf>; U.S. Department of Health and Human Services. (2015, May). *The Affordable Care Act is Improving Access to Preventive Services for Millions of Americans*. Retrieved 9 February 2017, from <https://aspe.hhs.gov/sites/default/files/pdf/139221/The%20Affordable%20Care%20Act%20is%20Improving%20Access%20to%20Preventive%20Services%20for%20Millions%20of%20Americans.pdf>

¹¹ Centers for Disease Control and Prevention. (2016, June 16). *Cervical Cancer Rates by Race and Ethnicity. 2015*. Retrieved 16 March 2017, from <http://www.cdc.gov/cancer/cervical/statistics/race.htm>

- Before the ACA, only 77 percent of Latinas were current with their cervical cancer screenings, compared to 83 percent of white women.¹²
- 8 million Asian-Americans now have coverage for preventive services without cost sharing.¹³ Between 2010 and 2015, the uninsured rate among Asian-Americans and Pacific Islanders (AAPI) fell over 7 percent.¹⁴ Over 2 million Asian-Americans gained coverage under the ACA, giving more AAPI women coverage for preventive services without cost sharing.¹⁵
 - Cancer is the leading cause of death for AAPI communities,¹⁶ and the cervical cancer incidence rate is higher in several Asian American, Native Hawaiian, and Pacific Islander (AANHPI) subgroups than in non-Hispanic whites.
 - For instance, the incidence rate is twice as high in Cambodians as in non-Hispanic whites, and 40 percent higher among Vietnamese women.¹⁷
 - Coverage for preventive services without cost sharing removes barriers to care, enabling AAPI women to access essential health care like cancer screenings.

ATTACKS ON THE ACA’S IMPORTANT PROTECTIONS FOR PEOPLE WITH PREEXISTING CONDITIONS WOULD FURTHER EXACERBATE HEALTH DISPARITIES FOR WOMEN OF COLOR.

Under the ACA, marketplace plans are not able to deny coverage or charge higher premiums based on prior health conditions or medical history, including pregnancy and childbirth.¹⁸ An estimated 133 million Americans have preexisting conditions, including 67 million women and girls,¹⁹ any of whom could have been denied coverage or subjected to increased cost without the current ACA protections. 71 percent of Black women, 62 percent of Latinas, and

¹² American Cancer Society. “Cancer Facts & Figures for Hispanics/Latinos 2015-2017.” 2015; 12. <http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-046405.pdf>.

¹³ U.S. Department of Health and Human Services. (2015, May). *The Affordable Care Act is Improving Access to Preventive Services for Millions of Americans*. Retrieved 9 February 2017, from <https://aspe.hhs.gov/sites/default/files/pdf/139221/The%20Affordable%20Care%20Act%20is%20Improving%20Access%20to%20Preventive%20Services%20for%20Millions%20of%20Americans.pdf>

¹⁴ U.S. Census Bureau. (2010 and 2015). *American Community Survey 1-Year Estimates*, Table S0201. Retrieved 21 February 2017, from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S0201&prodType=table

¹⁵ Chu, R., Wong, D., Robinson, W., & Fingold, K. (2012, April 1). *The Affordable Care Act and Asian Americans and Pacific Islanders*. Office of the Assistant Secretary for Planning and Evaluation. Retrieved 22 March 2017, from <https://aspe.hhs.gov/report/affordable-care-act-and-asian-americans-and-pacific-islanders>

¹⁶ American Cancer Society. (2016). *Special Section: Cancer in Asian Americans, Native Hawaiians, and Pacific Islanders at 26*. Retrieved 16 March 2017, from <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2016/special-section-cancer-in-asian-americans-native-hawaiians-and-pacific-islanders-cancer-facts-and-figures-2016.pdf>

¹⁷ American Cancer Society. (2016). *Special Section: Cancer in Asian Americans, Native Hawaiians, and Pacific Islanders at 34*. Retrieved 16 March 2017, from <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2016/special-section-cancer-in-asian-americans-native-hawaiians-and-pacific-islanders-cancer-facts-and-figures-2016.pdf>

¹⁸ Health Care.Gov. *Health Coverage for Pre-Existing Conditions*. Retrieved 10 May 2017, from <https://www.healthcare.gov/coverage/pre-existing-conditions>.

¹⁹ Department of Health & Human Services. (2017, January 5). *Health Coverage for Americans with Pre-Existing Conditions: The Impact of the Affordable Care Act*. Retrieved 10 May 2017, from <https://aspe.hhs.gov/system/files/pdf/255396/Pre-ExistingConditions.pdf>; National Partnership for Women & Families. (2018, June). *Moving Backward: Efforts to Undo Pre-Existing Condition protections Put Millions of Women and Girls at Risk*. Retrieved 8 July 2019, from <http://www.nationalpartnership.org/our-work/resources/health-care/aca-pre-ex-protections-women-girls.pdf>

52 percent of AAPI women said that ensuring people with pre-existing conditions can still get health insurance was extremely important to them.²⁰ Previous proposals for repealing and replacing the ACA would have allowed states to waive two ACA protections that are vital to people with preexisting conditions: the Essential Health Benefits (EHBs) and the prohibition against insurers charging higher premiums for those with preexisting conditions.²¹ This would open the door for insurance companies to charge individuals with preexisting conditions astronomically higher premiums, thereby denying them access to affordable coverage.

Prior to the ACA, insurance companies could define preexisting conditions to include conditions such as asthma, menstrual irregularities, obesity, diabetes, or if someone has ever received mental health treatment, had cancer or been pregnant.²² Rolling back these protections could allow insurers once again to discriminate against women by allowing them to consider pregnancy, having a C-section, identifying as transgender, or even receiving medical treatment for prior domestic violence as preexisting conditions. And without these protections, already-existing health disparities for women of color and their families could be exacerbated.

Repeal of the ACA would put the health of millions of women of color at stake.

- African American women are twice as likely to develop diabetes as white women.²³
 - In addition, Black women have 14 percent higher cancer death rates than non-Hispanic white women, despite a six percent lower incidence rate.²⁴
- Hispanic women are twice as likely to develop diabetes as white women.²⁵
 - Diabetes affects more than one in 10 Hispanics. Among Hispanic women, diabetes affects Mexican-Americans and Puerto Ricans most often.²⁶
 - Compared to non-Hispanic whites, cervical cancer incidence rates are 44 percent higher for Latinas, and liver and stomach cancer incidence rates are about twice as high.²⁷
- Other health conditions, like the Hepatitis B virus (HBV), were also considered preexisting conditions prior to the ACA.²⁸

²⁰ See note 2.

²¹ Hayes, Tara O'Neill. (2017, May 10). *Fact Versus Fear: The AHCA and Pre-Existing Conditions*. Retrieved 10 May 2017 from, <https://www.americanactionforum.org/insight/fact-versus-fear-ahca-pre-existing-conditions/>

²² Henry J. Kaiser Family Foundation. (2016, December). *Pre-existing Conditions and Medical Underwriting in the Individual Insurance Market Prior to the ACA*. Retrieved 10 May 2017, from <http://kff.org/health-reform/issue-brief/pre-existing-conditions-and-medical-underwriting-in-the-individual-insurance-market-prior-to-the-aca/>

²³ Office on Women's Health. (2016, July 13). *Diabetes and African Americans*. U.S. Department of Health and Human Services. Retrieved 10 May 2017, from <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18>

²⁴ American Cancer Society Inc. (2016). *Cancer Facts and Figures 2016*. Retrieved 10 May 2017, from <http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-047079.pdf>

²⁵ Office on Women's Health. (2017, June 12). *Diabetes: Do women of color need to worry about diabetes?* U.S. Department of Health and Human Services. Retrieved 19 September 2017, from <https://www.womenshealth.gov/a-z-topics/diabetes>

²⁶ Ibid.

²⁷ American Cancer Society Inc. (2016). *Cancer Facts and Figures 2016*. Retrieved 10 May 2017, from <http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-047079.pdf>

²⁸ Gordon, E. (2017, April 15). *U.S. Health Care Wrestles With the 'Pre-Existing Condition.'* National Public Radio. Retrieved 10 May 2016, from <http://www.npr.org/sections/health-shots/2017/04/15/523577871/u-s-health-care-wrestles-with-the-pre-existing-condition>

- Chronic HBV affects about 1.3 million people in the United States, and AAPIs account for over half of the chronic HBV cases and resulting deaths.²⁹
- AAPI women are 20 percent more likely to die from viral hepatitis as compared to non-Hispanic whites.³⁰

INCREASING COST SHARING AND PREMIUMS HITS WOMEN OF COLOR HARDEST BECAUSE OF GENDER- AND RACE-BASED WAGE GAPS.

The ACA provides the financial assistance that low- to middle-income families need to afford coverage. Repealing or gutting the law and replacing it with substantially lower financial assistance would result in millions losing coverage.

Even for those people who can retain coverage, the erosion of EHB standards could drastically increase cost sharing. Without this provision, coverage for maternity and newborn care, mental health services, and certain pediatric services, among other benefits that women of color depend on, could be denied. Approximately 13 million women who gained access to maternity coverage under the ACA³¹ would stand to lose their coverage.

Increasing premiums, higher cost sharing, and soaring penalties would hit women of color harder because they already earn less due to pervasive racial and gender inequalities. Additional economic burdens would be placed on low- to middle-income women of color by pushing quality, comprehensive health coverage out of reach and exacerbating the already high rates of poverty experienced by Black,³² Latina³³ and AAPI women.³⁴

- Black women are typically paid 61 cents for every dollar paid to white, non-Hispanic men.³⁵
- Latinas are paid 53 cents for every dollar paid to white, non-Hispanic men.³⁶
- While Asian-American women as a whole earn 85 cents for every dollar paid to white, non-Hispanic men, Southeast Asian and Pacific Islander women experience some of the widest wage gaps compared to other racial and ethnic groups. For example, Burmese

²⁹ Do, T.N., & Nam, S. (2014, August 20). *Knowledge, Awareness and Medical Practice of Asian Americans/Pacific Islanders on Chronic Hepatitis B Infection*. *Pogon Sahoe Yongu* 31(3): 341-364. Retrieved 10 May 2017, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4139091/pdf/nihms440000.pdf>

³⁰ Kochanek, K., Murphy, S. et al. (2016, June 30). *National Vital Statistics Reports: Deaths: Final Data for 2014*. Centers for Disease Control and Prevention. 65(4): 1-122. Retrieved 15 May 2017, from https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf

³¹ National Women's Law Center. (May 2013). *Fact Sheet: Women and the Health Care Law in the United States*. Retrieved 10 May 2017, from <https://nwlc.org/resources/women-and-health-care-law-united-states/>.

³² Guerra, M. (2013, November 7). *Fact Sheet: The State of African American Women in the United States*. Center for American Progress. Retrieved 16 March 2017, from <https://www.americanprogress.org/issues/race/reports/2013/11/07/79165/fact-sheet-the-state-of-african-american-women-in-the-united-states/>

³³ Jackson, M. (2013, November 7). *Fact Sheet: The State of Latinas in the United States*. Center for American Progress. Retrieved 16 March 2017, from <https://www.americanprogress.org/issues/race/reports/2013/11/07/79167/fact-sheet-the-state-of-latinas-in-the-united-states/>

³⁴ Ramakrishnan, K., & Ahmad, F. (2014, July 21). *Income and Poverty*. Center for American Progress. Retrieved 16 March 2017, from <https://cdn.americanprogress.org/wp-content/uploads/2014/08/A-API-IncomePoverty.pdf>

³⁵ National Partnership for Women & Families. (2019). *Fact Sheet: Black Women and the Wage Gap*. Retrieved 31 July 2019, from <http://www.nationalpartnership.org/research-library/workplace-fairness/fair-pay/african-american-women-wage-gap.pdf>

³⁶ National Partnership for Women & Families. Unidos US. (2019). *Beyond Wages: Effects of the Latina Wage Gap*. Retrieved 31 July 2019, from <http://www.nationalpartnership.org/research-library/workplace-fairness/fair-pay/latinas-wage-gap.pdf>

women make only 50 cents and Hmong women make 57 cents for every dollar paid to white, non-Hispanic men.³⁷

Attacks on the ACA’s guarantee of coverage for pre-existing conditions, measures that jeopardize affordability, and attacks on our nation’s Medicaid Program would have a devastating, long-term impact on women of color’s health, economic security and progress.

These are attacks on reproductive justice.

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³⁷U.S. Census Bureau. (2018). 2017 American Community Survey 1-Year Estimates, Geographies: All States within United States, Table B02015 Asian Alone by Selected Groups Universe: Total Asian alone population; Table B02016 Native Hawaiian and Other Pacific Islander Alone by Selected Groups Universe: Total Native Hawaiian and Other Pacific Islander alone population; National Women’s Law Center. (2019, March). Equal Pay for Asian American and Pacific Islander Women.