



The Affordable Health Care for America Act (H.R. 3962) Provides More Affordable Coverage for Women

Women face more cost-related challenges to accessing health care than men. Seven in ten women are either uninsured or underinsured, struggling to pay a medical bill, or experiencing another cost-related problem in accessing needed care.¹ More than half (52%) of women have forgone necessary care because of cost—including not filling a prescription, skipping a medical test or failing to see a doctor when they had a medical problem—compared to 39% of men.²

The Affordable Health Care for America Act would make health care more affordable for women by expanding access to the Medicaid program, limiting both premium costs and cost-sharing for low- and moderate-income individuals and families, and prohibiting health plans from imposing annual or lifetime caps on coverage. These protections are of fundamental importance to women, who have lower incomes than men on average but use and need more health care services.

Making Health Insurance Affordable Is Especially Critical for Women

- More women are either uninsured or underinsured than men. Forty-five percent of women, compared to 39% of men, were uninsured or underinsured in 2007.³ Women of color are considerably more likely than White women to be uninsured. In fact, millions of Latina, African American, and Native American women lack any health insurance at all—39%, 23% and 33%, respectively.⁴
- Having inadequate insurance—or no insurance at all—is particularly harmful for women, who, over the course of their lifetimes, use the health care system more than men, in part due to their reproductive health needs.⁵
- Most low-and moderate-income women struggle to afford health care. Sixty-five percent of women with incomes between \$20,000 and \$39,999 experienced cost-related problems accessing health care.⁶
- Women are more likely than men to experience significant financial hardship as a result of medical bills. In 2007, one-third of women, compared to one-quarter of men, were either unable to pay for food, heat or rent; had used up all of their savings; had taken out a mortgage or loan against their home; or had taken on credit card debt because of medical bills.⁷

H.R. 3962 Helps More Low-Income Women Obtain Affordable, Comprehensive Coverage through the Medicaid Program

- Medicaid already plays a critical role in providing health coverage for poor women. The program currently provides a comprehensive set of important health services, including most reproductive health services, to over 20 million women—at little or no cost to the beneficiary.⁸

- H.R.3962 extends Medicaid eligibility to people with incomes up to 150% of the federal poverty level (FPL), providing more low-income women and their families with access to this essential health insurance program. Under this expansion, up to 7.8 million uninsured women (ages 18-64) would be eligible for Medicaid coverage.⁹

H.R. 3962 Includes Premium Subsidies to Make Health Care More Affordable for Women

- Women and families need affordable health insurance premiums. Though employer-sponsored health insurance premiums for families have more than doubled since 1999, workers' wages have increased by only 34% and the cost of coverage continues to squeeze family budgets.¹⁰
- H.R.3962 provides premium credits to help low- and moderate-income women obtain high-quality health coverage through the new Health Insurance Exchange. Women in families with incomes up to 400% FPL (\$73,240 for a family of three in 2009) would receive a credit limiting their premium costs to between 1.5% and 12% of family income, depending on their income level. Approximately 9.8 million women would be eligible for a premium subsidy under this provision.¹¹
- H.R.3962 also includes an important provision allowing workers with unaffordable employer-sponsored insurance (defined as a premium that exceeds 12% of family income) to apply for premium credits and obtain coverage through the Exchange.

H.R. 3962 Limits Cost-Sharing to Ensure that Women Aren't Forced to Forgo Necessary Care

- Out-of-pocket cost limitations are critical to ensure that women have access to important health care services. In 2007, 62% of filed bankruptcies had a medical cause—and three-quarters of these medical debtors *had health insurance*.¹² Women were disproportionately represented among people experiencing medical debt.¹³
- H.R.3962 provides cost-sharing credits to help low- and moderate-income women access health services when they are needed. Women in families with incomes up to 400% FPL would receive a credit limiting their required cost-sharing, scaled to their income level.
- H.R.3962 also limits out-of-pocket spending to \$5,000 individual/\$10,000 family per year, with lower out-of-pocket maximums for people with incomes below 350% FPL.

H.R. 3962 Prohibits Annual and Lifetime Coverage Limits, a Critical Protection for Women with Chronic Conditions and Serious Illnesses

- Prohibiting individual and group health plans from establishing annual or lifetime coverage limits is a critically important protection that will help women afford health care when they need it most. Because women use the health care system more than men, coverage limits—whether arbitrary limits on the number of outpatient visits and prescription medications, or monetary limits on per patient lifetime expenditures—have a disproportionate impact on women.
- Even seemingly high coverage limits can be quickly exhausted if a woman faces a serious condition. A woman suffering from coronary artery disease—the leading killer of

women in the U.S.—could spend over one million dollars over the course of her lifetime on related treatment alone.¹⁴

- H.R.3962 prohibits annual and lifetime limits on coverage in health insurance plans (both in and outside of the Health Insurance Exchange).

¹ Sheila D. Rustgi, Michelle M. Doty, and Sara R. Collins, The Commonwealth Fund (2009), *Women at Risk: Why Many Women are Forgoing Needed Health Care*, <http://www.commonwealthfund.org/Content/Publications/Issue-Briefs/2009/May/Women-at-Risk.aspx>

² Ibid.

³ Ibid.

⁴ Kaiser Family Foundation analysis of March 2006 Current Population Survey, U.S. Census Bureau, <http://www.kaiseredu.org/tutorials/nonelderly/player.html>

⁵ U.S. Census Bureau, Statistical Abstract of the United States: 2009: “Table 159 – Ambulatory Care Visits to Physicians’ Offices and Hospital Outpatient and Emergency Departments: 2006”, “Table 161 – Visits to Hospital Emergency Departments by Diagnosis: 2006,” “Table 170 – Hospital Discharges and Days of Care by Selected Diagnosis: 2006,” “Table 161 – Visits to Hospital Emergency Departments by Diagnosis: 2006”; U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, “Utilization of Ambulatory Medical Care by Women: United States, 1997-98,” *Vital and Health Statistics*, Series 13, Number 149 (U.S. Department of Health and Human Services, Hyattsville, MD: July 2001).

⁶ *Women at Risk*: supra note 1.

⁷ Ibid.

⁸ Kaiser Family Foundation, *Medicaid’s Role for Women* (Oct. 2007), http://www.kff.org/womenshealth/upload/7213_03.pdf

⁹ Estimate includes uninsured women who may currently be eligible, but are not enrolled in, their state’s Medicaid program. Based on National Women’s Law Center calculations using health insurance data for women ages 18-64 from the Current Population Survey’s 2009 Annual Social and Economic Supplement, using CPS Table Creator, http://www.census.gov/hhes/www/cpstc/cps_table_creator.html

¹⁰ Kaiser Family Foundation and Health Research Education Trust, News Release, “Yearly Premiums for Family Health Coverage Risk to \$12,680 in 2008, up 5 Percent, as Many Workers Also Face Higher Deductibles” (KFF/HRET, Menlo Park, CA: Sep. 24, 2008), <http://www.kff.org/newsroom/ehbs092408.cfm>.

¹¹ Includes an estimated 7.1 million uninsured women and 2.7 million women who currently purchase coverage from the individual health insurance market. Estimate does not include women with an offer of employer-sponsored health insurance that is deemed “unaffordable” (i.e. if the premium exceeds 12% of income), though women in this situation would also qualify for premium and cost-sharing subsidies under H.R. 3962. Based on National Women’s Law Center calculations using health insurance data for women ages 18-64 from the Current Population Survey’s 2009 Annual Social and Economic Supplement, using CPS Table Creator, http://www.census.gov/hhes/www/cpstc/cps_table_creator.html;

¹² David Himmelstein, Deborah Thorne, Elizabeth Warren et al., Medical Bankruptcy in the United States, 2007: Results of a National Study, *The American Journal of Medicine* (pub. online June 5, 2009), [http://www.amjmed.com/article/S0002-9343\(09\)00404-5/abstract](http://www.amjmed.com/article/S0002-9343(09)00404-5/abstract).

¹³ Ibid.

¹⁴ Leslee J. Shaw; C. Noel Bairey Merz; Carl J. Pepine et al., The Economic Burden of Angina in Women With Suspected Ischemic Heart Disease, *Circulation* 114 (2006):894-904.