NATIONAL WOMEN'S LAW CENTER
EXPANDING THE POSSIBILITIES

FACT SHEET

The House-Passed Continuing Resolution Would Let Bosses Make Their Women Employees Health Decisions

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Late Saturday night, the House of Representatives passed a continuing resolution (CR) that would keep the government open only if the Affordable Care Act (ACA) is delayed for a year and ***only if bosses are allowed to make their female employees' health decisions****. The House bill singles out women's health care for this interference.*

The House CR Would Let Bosses Impose Their Beliefs on Their Women Employees

Specifically, the House-passed CR would exempt bosses from complying with the ACA's Women's Health Amendment if they oppose it for "religious or moral" reasons.[1] *This means that bosses could impose their religious beliefs on their employees, or block their employees' access to needed women's health care for vague and undefined "moral" reasons.* Female employees and dependents – just like men – are capable of making their own health decisions and must be allowed to do so without interference from their bosses.

The CR Would Allow Bosses To Refuse To Cover The Eight Women's Preventive Services Included in the ACA

Since August 1, 2012, all new health plans must cover a range of women's preventive services without cost sharing, such as co-pays or deductibles. These services were identified by the Institute of Medicine and endorsed by the Health Resources and Services Administration. Although the House floor debate on the CR focused on contraception, the CR targets a wide range of women's health services. They are:

(1) Breastfeeding support, supplies, and counseling;
(2) Screening and counseling for interpersonal and domestic violence;
(3) Screening for gestational diabetes;
(4) DNA testing for high-risk strains of HPV;
(5) Counseling regarding sexually transmitted infections, including HIV;
(6) Screening for HIV;
(7) Contraceptive methods and counseling; and,
(8) Well woman visits.[2]

Birth Control and the Other Critical Preventive Health Services for Women in the Women's Health Amendment

The preventive services in the Women's Health Amendment are all critical for women's health, and the ACA en-

sures that they will be covered and without prohibitive out-of-pocket costs. The barriers women face to obtaining affordable health care jeopardize their health. Women are more likely than men to avoid needed care, from filling prescriptions to cancer screenings, because of cost, placing them at greater risk of developing health problems.[3] Even modest co-payments can lead some low- and moderate-income people to delay or forgo preventive care. And the high cost of contraception can lead women to use less effective methods or use them less consistently, putting women at risk of unintended pregnancy and jeopardizing their health.

Some highlights:

Contraception: Contraception is critical to women's health. Ninety-nine percent of women use birth control at some point in their lives and the Centers for Disease Control heralded family planning as one of the ten great pubic health achievements of the 20th century.[4] Contraception is highly effective at reducing unintended pregnancy, which, as countless studies have shown and experts agree, can have severe negative health consequences for both women and children. Yet, prior to the enactment of the contraception regulations, the high costs of contraception—including cost-sharing requirements—affected whether women used contraceptives consistently and whether women used the most appropriate or effective forms of contraception for their circumstances. The Administration has already issued regulations exempting houses of worship from meeting the contraceptive coverage requirement. It also accommodates certain non-profits that certify that they hold themselves out as religious and that birth control violates their religious beliefs by having a third party pays for this coverage.

Screening for Intimate Partner Violence: Each year between 1 and 5 million women are physically, emotionally, or sexually abused by an intimate partner.[5] Doctors and nurses can use a simple screening mechanism, consisting of a few questions about past or current abuse. Screening for this kind of violence is absolutely necessary to women for the prevention of intimate partner violence. Many victims of this kind of violence can be identified this way and begin receiving the help they need.

Breastfeeding Support and Supplies: Studies have demonstrated that breastfeeding provides important long-term benefits for mothers, including reduced risk of developing Type 2 diabetes, breast cancer, ovarian cancer and postpartum depression, and reduced risk factors for cardiovascular disease and metabolic syndrome.[6] Lactation supplies, including breast pumps, allow women to maintain their milk supply when their child is unable to breastfeed directly or when they are away from their child. These supplies are critical for mothers to sustain breastfeeding and receive the preventive health benefits that lactation affords.

Well-Woman Visits: Well-woman visits are the visits in which women get preventive services and other health services. Historically, the visits themselves have not been covered without out-of-pocket costs, even if the services women received at the visit were preventive and did not have a co-payment attached. If a woman cannot afford the visit, it means that she will not go to get the preventive services that her doctor recommends. In circumstances where a doctor recommends a preventive health visit, a woman's decision about whether to comply with the recommendation should not turn on her ability to afford the care.

1 The Women's Health Amendment of the ACA added Section 2713(a)(4) to the Public Health Service Act. 42 U.S.C. § 300gg-13(a)(4) (2013).
2 U.S. Dep't of Health and Human Serv., Health Res. and Serv. Admin., Women's Preventive Services Guidelines (2011), *available at* http://www.hrsa.gov/womensguidelines/.
3 Sheila D. Rustgi et al., The Commonwealth Fund, Women at Risk: Why Many Women are Forgoing Needed Health Care (2009), *available at* http://www.commonwealthfund.org/Content/Publications/Issue-Briefs/2009/May/Women-at-Risk.aspx.
4 Solanki G and Schauffler HH, *Cost-sharing and the utilization of clinical preventive services*, Am J Prev Med 17, no.2 (Aug 1999) 127-133; Trivedi et al., *Effect of Cost Sharing on Screening Mammography in Medicare Health Plans*, New England Journal of Medicine 358, no.4, 375-383 (January 2008).
5 Inst. of Med., Clinical Preventive Services for Women: Closing the Gaps, 117 (2011), *available at* http://www.iom.edu/Reports/2011/Clinical-Preventive-services-for-Women-Closing-the-Gaps.aspx.
6 *Id*. at 110-17.