



What Women Need to Know about Health Reform: Addressing Health Disparities among Women

A woman's access to quality health care has long been a function of where she lives, her race and ethnicity, her family income, and her citizenship status, among other things. Millions of women have experienced comparatively worse health outcomes because they have not had equal access to the nation's health resources.

Health disparities are due in large part to differences in rates of health insurance coverage and access to health care providers, but they are also a consequence of lower-quality care and problems with the way health care is delivered. Fortunately, the comprehensive health care reform that President Obama signed into law includes many provisions that address health disparities among women—among other things, it expands access to affordable health coverage, promotes provider diversity and cultural competency, and requires collection of the right data to document and address disparities.

Health Reform Expands Access to Affordable Care

Women with health insurance are more likely to seek timely preventive care, to effectively manage their health conditions, and to have a usual source of health care.¹ Yet certain populations of women—including women of color, women living in rural areas, and women in the lesbian, gay, bisexual, and transgender (LGBT) community—are currently more likely to be uninsured than women overall, and they suffer worse health outcomes as a result. The new health reform law makes it easier for women in these populations to get affordable health insurance:

- Up to 4.5 million women will be newly eligible for coverage through Medicaid, which will be expanded to those up to 133% of the federal poverty level (FPL), or roughly \$29,000 a year for a family of four.
- New Health Insurance Exchanges will be established in every state to serve as easy-to-use "insurance shopping centers" where women can compare and choose the high-quality health plan that best fits their needs.
- Approximately 11 million women will receive health insurance subsidies to help pay the premiums and out-of-pocket costs of Exchange-based health plans; subsidies will be available to those with family incomes up to 400% of the FPL, or roughly \$88,000 a year for a family of four.

Health Reform Eliminates Barriers to Health Care for Women that Experience Health Disparities

- The law addresses language access barriers faced by women with limited English proficiency, by requiring health plans in the Health Insurance Exchanges to provide culturally and linguistically appropriate explanations of coverage. The legislation also provides grant money for cultural competency training for providers, which will improve care for women with limited English proficiency.²
- Women with disabilities will also have an easier time obtaining health care services as a result of provisions that outlaw insurance discrimination based on pre-existing conditions,

improve access to long term care services and supports, and ensure medical diagnostic equipment is accessible to people with disabilities.³

- The legislation also improves access to health care for women living in rural areas. Relevant provisions include scholarships and loan repayments for providers who work in underserved communities, and resources for medical schools that train physicians to work in rural areas.⁴

Health Reform Increases Provider Diversity and Promotes Cultural Competency

- The law provides grants, scholarships, and loan repayment programs that promote diversity among the health care workforce and encourage providers to work in underserved areas.⁵
- The law calls for the creation and dissemination of a cultural competency curriculum for health care providers. It also provides additional support for cultural competency training for primary care doctors and gives preference in loan repayment programs to individuals with this kind of training.⁶

Health Reform Improves the Collection of Data on Populations that Experience Health Disparities

- Data on patients' race, ethnicity, sex, and primary language must be collected for all federally supported and public health care programs. The law specifies that this data should be collected on the smallest geographic level possible, be sufficient for useful analysis, and be made available to federal agencies, nongovernmental organizations, and the public.⁷

Health Reform Strengthens Federal Offices of Minority Health

- The law codifies the Office of Minority Health—which is responsible for efforts to eliminate health disparities in communities of color—in statute, and authorizes the appointment of a Deputy Assistant Secretary for Minority Health who will report directly to the Secretary of Health and Human Services.⁸
- The law also gives official power to Offices of Minority Health within a number of other health related agencies including the Centers for Disease Control and Prevention, the Food and Drug Administration, and the Centers for Medicare and Medicaid Services.⁹

However Health Reform Does Not Address Certain Inequalities for Women who Face Health Disparities

- Provisions specifically addressing the LGBT community are noticeably absent from the bill. Data collection on sexual orientation is not required and LGBT people are not explicitly protected against discrimination in health care. Additionally, the law does not eliminate the unfair taxation of employer-sponsored domestic partner health benefits.¹⁰
- The law leaves in place the restriction which prevents legal immigrants from enrolling in Medicaid until they've been in the country for five years. While legal immigrants are eligible for the health insurance subsidies available to people with incomes above the federal poverty level in 2014, the 5 year restriction on Medicaid means many of the poorest immigrants will remain uninsured.¹¹

For more information on women and the health reform law, visit the National Women's Law Center website: www.nwlc.org/reformmatters

¹ Alina Salganicoff et al., The Kaiser Family Foundation, *Women and Health Care: A National Profile* (July 2005), <http://www.kff.org/womenshealth/7336.cfm>

² Families USA Minority Health Initiatives, *Moving Toward Health Equity: Health Reform Creates a Foundation for Eliminating Disparities* (May 2010),

<http://www.familiesusa.org/assets/pdfs/health-reform/minority-health/moving-toward-health-equity.pdf>

³ Claypool, Henry, HealthReform.gov, *What the Affordable Care Act Means for Americans with Disabilities* (May 21, 2010),

<http://www.healthreform.gov/forums/blog/disabilities.html>

⁴ The White House, *Health Reform for Rural Americans*, http://www.whitehouse.gov/files/documents/health_reform_for_rural_americans.pdf

⁵ Families USA Minority Health Initiatives, *Moving Toward Health Equity: Health Reform Creates a Foundation for Eliminating Disparities* (May 2010),

<http://www.familiesusa.org/assets/pdfs/health-reform/minority-health/moving-toward-health-equity.pdf>

⁶ http://www.jointcenter.org/hpi/sites/all/files/PatientProtection_PREP_0.pdf

⁷ Families USA Minority Health Initiatives, *Moving Toward Health Equity: Health Reform Creates a Foundation for Eliminating Disparities* (May 2010),

<http://www.familiesusa.org/assets/pdfs/health-reform/minority-health/moving-toward-health-equity.pdf>

⁸ Ibid

⁹ Ibid

¹⁰ Moulton, Brian, Human Rights Campaign, *House Posts Health Care Bill, Leaves Out LGBT-Specific Provisions*, 18 Mar. 2010,

<http://www.hrcbackstory.org/2010/03/house-posts-health-care-bill-leaves-out-lgbt-specific-provisions/>

¹¹ National Immigration Law Center, *How Are Immigrants Included in Health Care Reform?* (April 2010),

<http://www.nilc.org/immspbs/health/immigrant-inclusion-in-HR3590-2010-04-19.pdf>