

FACT SHEET

The Patient CARE Act Discriminates Against Women

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Senators Hatch, Burr, and Coburn recently unveiled the Patient CARE Act, a proposal that would significantly roll back the health coverage, guaranteed benefits, and consumer protections women and their families enjoy under current law. The conservative proposal would completely repeal the Affordable Care Act (ACA) and would substitute very limited reforms that would result in higher costs and more limited coverage. While many details of the Patient CARE Act are still unknown – it has not yet been introduced in Congress and legislative language is not available for analysis – summary documents reveal how dramatically this proposal would undermine women's access to affordable health insurance and comprehensive health care.

The CARE Act would lead to higher health care costs and less coverage for women

The CARE Act would lead to higher costs for women and families

- This discriminatory proposal would allow insurance companies to charge women more for health insurance. The ACA's insurance reforms prohibit plans from charging women more for health insurance simply because they're women. In the past, this practice cost women approximately \$1 billion per year in higher premiums.¹ This proposal would eliminate these existing protections, and women would again face higher premiums than men for the same coverage, even though their health insurance may not cover maternity and other benefits women need.
- Women could also be charged more if they have pre-existing conditions. Today, plans cannot deny coverage or charge higher premiums based on a woman's medical history, but the CARE Act would wipe out these protections for women with pre-existing conditions. Insurance companies could refuse to sell women a policy or charge them more based on their medical history if they are not continuously insured. The proposal is unclear but may go even further, allowing insurance companies to set premiums based on women's health status when they switch between plans.
- Changes in the tax code would hurt hardworking women and families. The CARE Act would impose a new tax on hardworking women and families by taxing a portion of employer-sponsored health benefits for most workers. This would increase income taxes for many of the 57 million women who have health insurance through their employers or a family member's employer.²

The CARE Act would result in millions of women losing coverage

- This conservative proposal eliminates new Medicaid coverage and limits the financial help women and families use to pay for private insurance. States currently may offer Medicaid coverage to all individuals with incomes below about \$15,000 a year, and families earning less than about \$30,000 a year. In addition, many women and families above this income level receive income-based tax credits and cost sharing reductions to help with the cost of private coverage. These affordable coverage options would be repealed or significantly reduced in the new proposal. Facing higher costs and more limited benefits under this plan, many women would become uninsured or forgo needed care.

The CARE Act would lead to worse health coverage for women and their families

- The CARE Act eliminates the existing protections and market reforms that benefit women and families. Insurance plans would no longer have to cover essential health benefits, so plans would not be required to cover important health services such as preventive care and screenings, maternity care, birth control, or disease management for chronic conditions. Today, women's preventive services are also available without cost sharing, but under the new proposal, insurance companies could charge women co-payments for, or even decide not to cover, services like birth control and well-woman visits.
- This conservative proposal caps federal Medicaid funding, which would lead to less coverage and higher costs for low-income women and families. The proposal would provide a fixed allotment of federal funding to states each year, rather than matching funds that can grow depending on enrollment, health care cost growth, and use of services. States could therefore face a financing shortfall or reduce eligibility rules, and may need to cut covered service or pass costs on to women with Medicaid coverage. The proposal gives states wide-open flexibility to make dramatic changes such as reducing eligibility, imposing cost sharing, limiting benefits, and lowering payments to providers – and any of these choices would ultimately reduce low-income women's access to care.
- States would also have limited federal Medicaid funding for long term care services and supports. Women rely on long term care services more than men and are more likely to care for family members who don't have other sources of help with long term care. The conservative proposal would cap federal funding for long term care services, and hurt women by restricting access to critical services for themselves and their loved ones.

1 Danielle Garrett, National Women's Law Center, Turning to Fairness, (March 2012) available at http://www.nwlc.org/sites/default/files/pdfs/nwlc_2012_turningtofairness_report.pdf

2 Kaiser Family Foundation, "Women's Health Insurance Coverage," (2013) available at <http://kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>.