



## Women and the Health Care Law

The new health care law, the Affordable Care Act, protects women from discriminatory health insurance practices, makes health coverage more affordable and easier to obtain, and improves access to many of the health services women need. Approximately 17 million women will gain coverage because of the Affordable Care Act.<sup>1</sup> Millions of women are already benefiting from the law, and there are important protections women will gain when the law is fully implemented in 2014.

## How the Health Care Law is Already Working in Vermont

- ✓ Health plans must now cover certain preventive services such as mammograms, flu shots, and colon cancer screenings at no additional out of pocket costs such as co-payments. **Over 47,000 women in Vermont are receiving preventive services without a co-payment.**<sup>2</sup>
- ✓ Starting in August 2012, all new health plans must cover a list of women's preventive services with no co-payments<sup>3</sup>; these include the full range of FDA-approved contraception methods and contraceptive counseling, well-woman visits, screening for gestational diabetes, breastfeeding support, supplies, and counseling and domestic violence screening and counseling.<sup>4</sup>
- ✓ The law allows young adults to remain on their parents' health insurance until age 26. **Over 2.5 million young people across the country have gained insurance coverage through this provision of the health care law.** Over 4,000 young people in Vermont have gained coverage thanks to the law.<sup>5</sup>
- ✓ The law prohibits lifetime limits on most benefits. **Nearly 87,000 women in Vermont no longer have a lifetime limit on their health coverage.**<sup>6</sup>
- ✓ **Over 47,000 women on Medicare in Vermont** have received preventive services at no additional cost.<sup>7</sup>
- ✓ Insurance companies are no longer allowed to cancel health insurance policies or drop coverage when people become sick.
- ✓ Children with pre-existing conditions can no longer be denied health coverage.
- ✓ Insurance companies must publicly justify raising premiums rates by 10% or more. All explanations are to be posted online giving consumers a chance to comment on the rate increase.<sup>8</sup>

## Many Benefits and Protections on the Way

- ✓ Starting in 2014, **24,000 women who are uninsured—11.2% of women in Vermont—will have new options** for affordable health insurance coverage.<sup>9</sup>
- ✓ Starting in 2014, all new health plans must cover a list of essential health benefits including maternity and newborn care, mental health treatment, and pediatric services such as vision and dental care.

- ✓ Starting in 2014, women will now longer be treated as a pre-existing condition and be denied insurance coverage for a history of pregnancy; having had a C-section; being a survivor of breast, or cervical cancer; or having received medical treatment for domestic or sexual violence.
- ✓ By 2014 insurance companies will no longer be allowed to charge women and small employers with a predominately-female workforce more for coverage.
- ✓ Starting in 2014, individuals and families may be eligible for tax credits to help pay for insurance.

---

<sup>1</sup> Kaiser Family Foundation, Impact of Health Reform on Women's Access to Coverage and Care (Dec. 2010), *available at* <http://www.kff.org/womenshealth/upload/7987.pdf>.

<sup>2</sup> Lambrew, Jeanne, New Data: The Affordable Care Act in Your State (March 5, 2012), *available at* <http://www.whitehouse.gov/blog/2012/03/05/new-data-affordable-care-act-your-state>.

<sup>3</sup> Grandfathered plans do not have to cover the list of preventive services. Grandfathered plans are group plans that were created or individual plans that were purchased before March 23, 2010. A plan becomes "un-grandfathered" if it significantly cuts benefits, increases co-insurance, increases co-payments by the greater of medical inflation plus 15 percentage points or medical inflation plus \$5, increases deductibles or out-of-pocket limits by greater than medical inflation plus 15 percentage points, decreases premium contributions by more than 5 percentage points, or adding or lowering annual limits. If a plan becomes "un-grandfathered" it will be required to cover the preventive services with no cost sharing. It is expected that most plans will lose their grandfathered status by 2019.

<sup>4</sup> Coverage of Preventive Health Services, 47 CFR § 147.130 (2011), *and* Women's Preventive Services: Required Health Plan Coverage Guidelines (Aug. 1, 2011), <http://www.hrsa.gov/womensguidelines/>.

<sup>5</sup> Lambrew, Jeanne, New Data: The Affordable Care Act in Your State (March 5, 2012), *available at* <http://www.whitehouse.gov/blog/2012/03/05/new-data-affordable-care-act-your-state>.

<sup>6</sup> *ibid*

<sup>7</sup> *ibid*

<sup>8</sup> Rate Review Works: Early Achievements of Health Insurance Rate Review Grants (Sept. 20, 2011), *available at* <http://www.healthcare.gov/law/resources/reports/rate-review09202011a.pdf>.

<sup>9</sup> National Women's Law Center analysis of 2010 health insurance data from the U.S. Census Bureau Current Population Survey's (CPS) 2011 Annual Social and Economic (ASEC) Supplements, *available at* [http://www.census.gov/hhes/www/cpstc/cps\\_table\\_creator.html](http://www.census.gov/hhes/www/cpstc/cps_table_creator.html).